

THE CHICAGO MEDICAL EXAMINER

VOL. I.

JUNE, 1860.

No. 6

ORIGINAL COMMUNICATIONS.

The Mutual Relations and consequent Mutual Duties of the Medical Profession and the Community: A popular Lecture before the Illinois State Medical Society, and the Citizens of Paris, Edgar County, Ill., during the Annual Meeting of the Society, in May, 1860. By N. S. DAVIS, M. D., Professor of Principles and Practice of Medicine in Lind University, and of Clinical Medicine in Mercy Hospital, Chicago.

CITIZENS AND MEMBERS OF THE PROFESSION:—The relations of the medical profession to the community at large, are more universal, more intimate, and more important, than those of any other profession or calling among men.

The universality of those relations is founded on necessities the most imperious and delicate. For though many members of the community affect to despise and deride the profession while they are in the enjoyment of health, yet the number who do not earnestly call for medical aid when overtaken by sickness, is exceedingly small. Indeed, it is highly probable that the whole number who have lived in our country from their birth to their final exit from this scene of life, without receiving more or less direct service from the physician, is not equal to those who have committed suicide, or died from sudden violence.

The relations of the profession, extend, however, much beyond the mere personal attentions to the sick. It is to investigations pursued almost solely by the profession, concerning the causes of disease, the circumstances under which they act, and the means for their removal that we owe all the valuable sanitary measures of the present day. The improvements in the

construction and ventilation of dwellings; the sewerage of cities; the quarantine regulations for the protection of seaport towns; the more ample and humane provisions for the Insane; the direct and positive prevention of loathsome and most fatal epidemics, such as the small-pox; and the preparation of provisions and fruit for long voyages in such a manner as almost to banish the scurvy from the ships of enlightened nations, have all resulted, directly or indirectly, from the developments of medical science, and the influence of its legitimate cultivators. Hence it will require but little reflection, to perceive the influence of the science and practice of medicine upon every class, sex, age, and individual belonging to the community, whether at home or abroad—on the land, or the ever restless ocean.

That the relations sustained in the direct intercourse of the physician with his patient are of the most intimate and confidential nature, needs no illustration.

The family physician is admitted to the innermost circle of human society. He comes not only to the hearth-stones, but to the hearts of his patients. As the intelligent instrument for alleviating their sufferings, he necessarily becomes cognizant of their ills, their deformities, and even their mental and moral obliquities. The confessional does not bring the spiritual adviser into closer or more confidential relations with erring mortals, than do the daily duties of the physician.

From the number and variety of relations existing between the profession and the community, and the close personal character of some of them, their paramount importance can be easily deduced. To say that the characters, happiness, health, and even lives of unnumbered individuals depend directly on the intelligence, integrity, and skill of individual members of the profession, is to assert a fact apparent to all. Indeed so fully is the importance of this direct relation between the physician and his patient recognised, that it often causes the more remote and general relations of the profession to the community, as a whole, to be entirely overlooked.

A d yet, the latter, when justly estimated, as much outweighs the former in importance, as the *prevention* of disease is

preferable to its removal after it has actually laid hold on its victim. To realize the truth of this, compare modern London, with its sewer'd streets; its supply of water; its detailed sanitary regulations founded directly on knowledge furnished by the regular profession; and the annual ratio of one death in *forty* of its teeming population, with the London of the first half of the seventeenth century, before it was literally destroyed by the great plague and the great fire; and when the ratio of deaths averaged one in *twenty* annually.

Bear in mind that what is true of London, is equally true of almost every city in christendom. Again, look at the history of those twin scourges of the human race, the Plague and Small-Pox, while they were annually *decimating* the population of cities, towns, nay whole provinces, previous to the dawn of the eighteenth century, and compare it with the almost entire exemption from these diseases enjoyed by the inhabitants of christendom at the present time.

Or, turn to that most unfortunate portion of the human race, the insane. Only a few generations have passed since you might have found many thousands of this class in jails, and poor-houses, bound with chains, and regarded as literally "possessed of the devil." But now how great the change. Instead of chains, and prisons, and demons, scarcely a civilized country exists, that is not dotted over with elegant and hospitable asylums, not only for their safe keeping, but for their actual care.

These illustrations might be greatly extended, were it any part of my object to show what or how much the medical profession has done for the prevention and amelioration of human suffering, but at present I simply wish to remind yon of the true nature and importance of the relations sustained by the physician to the community, that we may the more readily comprehend the mutual duties growing out of them. From the foregoing observations, it is clearly seen, that the community are dependant on the votaries of the science and art of medicine, not only for the careful treatment of diseases, and the very general prevention of some of the most dreaded, as Scurvy and Small-Pox; but also, for all that knowledge in

relation to the causes of disease, the circumstances under which such causes are engendered, and the means for counteracting their effects or procuring their removal, by which the municipal governments of the present day are enabled to devise and execute improvements and sanitary regulations of the greatest importance to the welfare of whole communities.

With relations so numerous, so intimate, and so important, there necessarily arise mutual duties, and obligations of corresponding magnitude, which it is very desirable to have clearly appreciated.

These duties on the part of the Physician, may be embraced in the two following propositions :

1st—Every individual who presumes to discharge the duties of a physician, is under an imperative obligation to obtain such an education as will enable him to give each of his patients, and the public at large, all the benefits that the present state of medical science will afford.

2d—He is under equal obligations, so long as he continues in the profession, to bestow upon its cultivation and application in the treatment of disease, his earnest and undivided attention.

The abstract truth of the first of these propositions, all will admit; yet very few will comprehend the nature and extent of the education which it requires.

Medical science is not composed of a few simple abstract or fixed rules, capable of application in the treatment of all diseases; neither is disease itself a unit, characterized by fixed and unvarying symptoms, and tending always to the same results. On the contrary, man, the last and noblest of the Creator's works—the climax of animated beings; combines in himself almost every variety of structure and function to be found in the whole kingdom of organized living matter; and he lives and moves in the midst of all the varying influences emanating from the earth on which we tread, the air we breathe, and the intellectual and moral forces with which we come in contact. Every elementary cell and fibre of this delicate and complex organism are possessed of properties and functions capable of being more or less influenced by all the

exterior agencies that surround us. When these properties and functions are in their natural condition, and the exterior forces and agencies that act upon them are in their natural degree of intensity, health and physical happiness exists. And as disease is a deviation, either in structure or function, or both, from this normal condition, so its nature, tendencies and results, will vary with every variation in the condition under which it is produced. Hence, to study one single disease in all its relations of causation, nature, tendencies, results, and means of prevention and cure, necessarily involves a study of all those changes in, or emanations from, the earth, the water, and the air, with which we are in daily contact; the intimate structure and functions of each part of the human system with the changes they are capable of undergoing; the special laws that govern the various forms of morbid action; and the nature and effects of all such substances or influences as are capable of acting as remedial agents.

It is thus rendered evident to the intelligent mind, that medical science properly so called, is but an aggregation of materials gathered from every other science known to man. For the causes of disease we must draw largely from the facts of Geology, Meteorology, Climatology, and the laws of vegetable growth and decomposition. For a knowledge of the nature and tendencies of disease, we must absorb all the facts of Anatomy and Physiology, human and comparative, healthy and morbid. For a knowledge of remedies for the modification and cure of disease, we must take largely from Chemistry, organic and inorganic; Botany, Mineralogy, Natural History, and Mental Philosophy. Hence, medical science is the climax—the grand culmination of all sciences, in such a manner that the well disciplined mind may seize upon their almost countless facts and principles, and render them subservient to the highest and noblest of earthly purposes, namely, the prevention and amelioration of human suffering. With what astonishment has the world looked on while men of science have literally chained the electric currents—the “lightnings of heaven,”—and made them swift messengers of communication between the remotest parts of the earth. But is it not equally wonder-

ful and far more beneficent to see the educated physician render the same subtle agent subservient to the restoration of palsied limbs, or the resuscitation from temporary death?

If the hasty glance we have taken of the nature and extent of medical science is correct, it is easy to perceive that instead of being fixed and definite in its limits, it is ever progressive—ever expanding—either aggregating new material or dismissing that which has become useless, with every advance that is made in the various departments of human learning. With such a view of the vast field of medical science, with its capacity for unlimited improvement, in strict coincidence with the advance of all the other departments of human knowledge, how insignificant are the contracted dogmas that constitute the basis of the *isms* and *pathys* of the day?

The adage "heat is life and cold is death," constituted the foundation of Thompsonianism, from which has sprung the more modern Botanics and Eclectics.

"*Similia similiabus curantur*," or like cures like, is equally the basis on which repose all the followers of Hahnemann. The full meaning of both may be as well comprehended in an hour as by the study of a year. They admit of neither contraction nor expansion; but are like the procrustean bed, to the iron bars of which all else must be made to fit. If the facts developed by every day's observation prove too long, they must be cut off; if too short, they must be stretched by the imagination until they seem of the right length.

If the nature and extent of true medical science is such as we have indicated, the second duty we have announced as binding on the physician, needs no comment. That man who educates himself in such a way, that he is capable of wielding the vast stores of knowledge embraced in the science and art of medicine, with the highest degree of skill, and keeps himself master of the annual accretions to that store, will find no time or opportunity to distract his attention with other pursuits. If he bestows every waking moment, except such as are required for the direct worship of his maker, on the cultivation of medical science, and its application to the prevention and cure of disease, when he has arrived at the end of full three

score years and ten, he will be conscious of having entered but little way into the vast field which was opened out before him at the commencement of his career. Hence brethren of the profession, you who have taken charge of the sick; who have assumed the responsibility of conservators of the public health; you who have unfurled the broad banner of humanity and enlisted for the warfare with the king of terrors, we entreat you not to prove faithless sentinels, sluggishly slumbering on your posts of duty while the archives of our noble science lie moulding on your shelves; or undisciplined soldiers allured after the passionate goddess of partisan politics, or the more gaudy and still more fickle god of wealth, while the grim-monster seizes without resistance the helpless ones who had confided their all to your protection. Nothing is more certain than that no one man can do justice to two or three diverse pursuits at one and the same time.

And while we would have every physician sufficiently familiar with the affairs of government and the various interests of society, to perform all the duties of a good citizen, we would have him never loose sight of the old and true saying, that "no man can serve two masters," for if he does not actually love the one and despise the other, he will at least in cleaving to the one *neglect* the other.

But if the profession of medicine bears relations to the dearest interests of individuals and society, so numerous and important; if its very nature imposes upon its members the duty of acquiring an education the most comprehensive and profound, and the life long performance of services to the suffering that cease not with the summer's heat or the winter's cold—the sunshine or the storm; the noon-day or the midnight; so too does it impose in return obligations no less imperative and important upon the whole community—obligations, indeed, which we fear very few, even of the more enlightened members of society, either seriously consider or acknowledge.

Foremost among the duties that devolve on the community in its relations to our profession, is that of affording to the student of medicine every facility for acquiring that education

to which we have already alluded; and to the practitioner equal facilities for accumulating all those facts which will increase our knowledge of the causes, tendencies, and results of diseases. When we remember how closely the dearest interests of every individual are connected with his access to a skillful physician, the pressing necessity for whose services is liable to occur at any and every hour of human life, we should naturally infer that, next to the common school and the place of religious worship, adequate provision for ensuring the careful and thorough education of medical men, would receive the attention of every civilized community. And yet, instead of this we find in almost every community, positive and serious barriers directly in the way of such acquirements.

For instance, not a bone can be set when displaced, not an artery tied, nor a knowledge of the seat and progress of any internal disease obtained, without a good knowledge of the anatomy of the human body.

And no adequate knowledge of anatomy can be gained without actual dissections. But the community, instead of making any provision for facilitating such dissections, have made it an actual crime to procure a single body for that purpose. No one can read the story of the Egyptians exacting of the poor Israelites the manufacture of the full *tale* of bricks, and at the same time refusing them the straw necessary for such manufacture, without feeling a strong indignation at their injustice; and yet the enlightened people of Illinois are guilty of precisely the same species of absurd injustice towards the medical profession. They have enacted laws by which every physician and surgeon are held responsible for all damages resulting from want of skill in the performance of their professional duties. If a limb is broken or dislocated, and the attending surgeon, through ignorance of anatomy, fails to dress it properly, he is held liable for all the damages resulting from such ignorance. Yet they neither provide the surgeon a single body from which he may acquire the desired anatomical knowledge, nor allow him to provide one himself, without being subject to legal prosecution and disgraceful penalties. The great States of New York and Massachusetts have relieved themselves of

this absurd treatment of the profession, and gross violation of the interests of the whole people, by the enactment of liberal and just laws for the study of human anatomy. Will not the people of Illinois require their next legislature to imitate the example of the enlightened states we have just named?

The accomplishment of this requires no one to surrender the lifeless remains of his kindred or friends to the mutilations of the dissecting knife, nor does it necessitate the slightest desecration of the burial place for the dead. There are in this and every other State of our glorious Union, plenty of individuals who, while living are supported on public charity, while sick receive freely the gratuitous services of the profession, and when dead have not a friend to ask for their burial. Can there be a rational objection urged against delivering the bodies of such, under proper regulations, to the profession for the sole purpose of extending and perfecting that knowledge of human anatomy, which is so essential to the welfare of every class of the community?

Nor is this all. But all classes of the community should more freely and cheerfully allow, not dissections, but simple *post mortem* examinations of the bodies of those who die; so that the practicing physician may more frequently compare the actual progress and results of disease with the symptoms during life. By such comparisons, frequently and carefully made, he would be far better able to rightly understand the meaning of the symptoms during sickness; to more clearly anticipate certain tendencies; and correspondingly better able to successfully ward off fatal results.

Enlightened self-interest alone, should prompt every individual to be far more liberal in all these matters. There is a wide spread error in the popular mind, which I will not pass by in this connection. It is this: Whenever members of the medical profession ask the community or the Legislature to allow post mortem examinations, or legalize dissecting, or to enact laws for the protection of members of society against knavish empiricism and reckless ignorance, the idea is at once entertained that these things are asked for to accommodate and benefit the profession and not the community. Nothing could be farther

from the truth. For, delving for knowledge into the offensive and decaying structures of a lifeless body is not a pleasant *pastime* for the physician, nor are his pecuniary interests increased in proportion to his acquisition of knowledge. On the contrary, it is quite probable that medical men, even in the dark ages of the world's history, were better rewarded for their services, however worthless they might have been, than they are now in the most enlightened portions of Christendom. No, fellow-citizens! it is you and not the profession that reap the benefits of every advancement made in any department of medical science. The reward of the profession was just as good, and the demand for its services far greater, before Jenner discovered that vaccination would prevent that loathsome scourge, the small-pox, than it is now. The labor and skill of the operating surgeon must be just as great now, when his patient lies unconsciously smiling under the influence of the pleasant dreams produced by Ether or Chloroform, as formerly when the poor creature writhed in keen anguish beneath every stroke of the knife. Yet where is the mathematician who can estimate the number of lives saved, or the amount of human suffering prevented by these two simple discoveries?

Another important mode of advancing medical knowledge, and therefore another duty devolving on the community, consists in the enactment and strict enforcement of laws for registering all births, marriages and deaths. By such records, when faithfully kept, the facts are afforded for ascertaining the duration of human life, and the ratio of mortality in every town and precinct in the State. By comparing these with the Geological, Topographical, and Climatic conditions of each locality, the profession would be enabled to throw much additional light on the causes of disease, and the means for their removal; thereby reflecting still further benefits upon the community at large.

Still another important duty which the community have hitherto neglected, consists in the conferring upon well educated physicians such offices, as from their nature require the possession of sound medical knowledge for the proper discharge of the official duties appended thereto. Such is the important

office of *Coroner* in each county. One of the chief duties of Coroner consists in holding inquests upon the bodies of persons who come to a sudden or violent death, for the purpose of ascertaining the cause of such death, and developing all the facts that may bear upon the question of crime or aid in its detection and punishment. From the very nature of the investigation, none but a well educated medical man is competent to the task. I do not mean that this or any other office should be conferred on such members of the profession as will neglect their appropriate duties, and stoop to do the greatest amount of mere political partisan work, but the offices of Coroner and that of physician to the county poor, should be conferred on such members of the medical profession, and such only as are qualified by their education and their high moral integrity to do full justice both to the community and the suffering poor. Finally, fellow citizens you cannot fully discharge, not only your duty to the profession, but to yourselves and humanity at large, without on one hand discouraging every species of charlatanism and quackery, and on the other liberally and cordially sustaining every effort that is made to advance either the science or the art of legitimate medicine. And have not the great mass of the regular profession, throughout all ages of the world shown themselves entitled to the confidence and respect of mankind?

Have they, either individually or collectively, shown themselves illiberal, selfish or unfaithful to the high trust reposed in them? On the contrary, have they not always, through all ages, freely and cheerfully bestowed their services upon the unfortunate poor, not only without pecuniary reward, but often without the poor return of a "thank you Sir"? In all the other departments of human life, the universal maxim is, that "the laborer is worthy of his hire." But I say proudly and fearlessly that even suffering poverty never appealed to our profession for help without a liberal response. And there are those in the profession of our own State who give to the poor freely, time and labor worth from one to two thousand dollars annually.

Not only is our profession a liberal one in its responses to

the calls of suffering humanity, but its unselfishness is displayed in the fact, that every improvement or discovery made by any one of its members, must at once become the common property of the whole. In the various arts and callings of life, if a man makes an important discovery or useful invention, his first object is to secure a patent by which he restricts to himself such pecuniary profits as the importance of the invention will develope. But let a member of our profession attempt thus selfishly to restrict, by patent right, the use and profits of any discovery or improvement calculated to ameliorate human suffering, and he is at once scouted from all fellowship with his brethren ; it being a law of the profession stronger than any legislative enactment, that the interests of humanity are paramount to the pecuniary considerations of any individual.

In regard to the faithfulness of the profession in times of danger, let the history of their conduct during a thousand epidemics answer. The soldier faces danger and death upon the battle-field, because he is supported on either side by his comrades, with his foes in full view before him, and the loud plaudits of his countrymen already ringing in his ears.

But when the unseen angel of death is hovering over a community in the form of an epidemic of cholera, yellow fever, &c., snatching a child here, a mother there, and a father yonder, staying its fatal work neither at midnight nor at noonday, until the badge of mourning decorates the door handles on every block, and the gloomy hearse is met at every street corner, who is it that stands firm when others flee? Who is it, that, in such times, may be seen in the still hour of night, or under the burning sun of noon-day, wending his way alike into the decorated mansions of the rich, or the narrow alleys and by-ways where the poor congregate, and in both, with steady hand and stout heart, administering medicine to the sick, words of consolation to the afflicted, and expressions of hope to all ? Ah! it is the unpretending, the care-worn, but the intelligent and faithful practitioner of the healing art. Brethren of the profession, when I look at the nature of our exalted and beneficent vocation—when I survey the great field we cultivate, in which the most sublime facts of science, and the direst sufferings of hu-

manity are mingled together—and above all, when I look at the calm, silent, heroism of our brethren as displayed on such occasions as have been presented at Sandusky, Norfolk, Portsmouth, and a thousand other localities, I confess that I am proud of the name of *Physician*. And I am ready to exhort you to go on, *faithful* to your chosen calling, regardless of the smiles or frowns of those around you, until at last you reach that field on which the grim-messenger will never enter.

PATHOLOGY OF NEURALGIA.

By L. D. ROBINSON, M. D., of New Elizabeth, Ind.

Neuralgia is one of the most painful as well as interesting affections with which the physician has to deal; and the true pathology of the disorder seems very illy understood by many of our standard medical authors. Indeed, I believe none of them profess to plainly and positively elucidate its pathology. We think the profession has a *rationale*—a true pathology—and one that can be plainly elucidated, and substantiated by good and sufficient authority.

Eberle says, "in many instances neuralgic affections are nothing more than masked agues from the influence of *koinomiasmata*." Again, he says: "It may, I think, be assumed as a fact, that neuralgia may depend upon different causes—on local inflammation or congestion of the affected nerve—on organic disease of the brain—and most commonly on a sympathetic irritation, from latent irritation in other parts or organs."

Watson says: "The cruel malady occurs most commonly in persons who exhibit, in other respects the signs of an unsound, or deranged, or debilitated system. It is more apt to fasten upon those who are pale, and asthenic, and upon individuals whose persons have been broken by advancing years."

Wood says: "Another state of system disposing to neuralgic attacks is debility. * * * The anemic condition is very favorable to it. Chlorotic females are extremely subject

to neuralgic pains. * * * As to the state of the nerves, in those cases of neuralgia, if there be such, in which the true pathological condition is limited to the part where the pain is felt, we know absolutely nothing."

Now it will be observed that those authors all give positive evidence that *debility, anemia, chlorosis, and debilitating influences*, all give rise to a condition of system favorable to the development of neuralgia. But they stop just here, and take us no farther into the manner in which debility predisposes to the disorder in question. We join them in the opinion, that what we shall be pleased to term *idiopathic* neuralgia, is always based upon a depraved blood, and more or less debility. And in attempting to establish our theory we will, for the sake of convenience, make the arbitrary condition or classification of *idiopathic* and *symptomatic* neuralgia. But in truth all neuralgia is symptomatic of other pathological conditions. Will also consider the subject negatively, or *a fortiori*, and endeavor to arrive at just conclusions in relation to the pathological condition that obtains in neuralgia, and also to harmonize this pathology with the long established, well attested, and successful treatment of the malady in question.

It is a fact that no one will dispute who has had any experience in the treatment of the disorder in question, or who has faithfully perused the medical record of the past, that almost all obstinate attacks of neuralgia, have required, and *do* require tonic treatment for their permanent removal; and the most efficacious tonics are the mineral, especially the ferruginous tonics; and these as a general thing require to be combined with a vegetable antiperiodic, and tonic remedy; more especially are these remarks applicable to cases occurring in malarial districts of country. By a close examination of authorities, and a review of the treatment invariably adopted in obstinate neuralgia, it will be seen that the above remarks are strictly true, and in keeping with the experience of the past.

We shall look first to the blood for the primary seat of trouble in neuralgia. In the normal or healthy state, we find upon analysis, that the salines enter into the composition of the blood. We find, however, that the saline matter constitutes

but comparatively a small portion of the circulating medium, while the albumen, fibrine, and iron, or red corpuscles, constitute by far the greater portion of the blood. Now if from any cause whatever, those normal constituents of the blood become deranged, or abnormal in quality or quantity, or both, the consequence is disease of *some* character. Thus far it is plain that we are right. Well, if from some debilitating cause, or other, the blood becomes depraved, and it is found in this condition to contain an excess of saline matter, or deficit of red globules, would it not be reasonable, would it not be true, that, we would have a circulation well fitted to irritate a nervous system? We aver that it would be both reasonable and true that a circulation of blood containing an excess of saline matter, either independent, or in consequence of, a deficit of iron, is a circulation that will even entail disease upon the solids, and give rise to irritation of the nervous system, and consequently pains of a nervous or neuralgic character, as well as to many other pathological phenomena.

Now from the above remarks, our views of the pathology of neuralgia would seem reducible to the following conclusions:—A deranged condition of the blood, which derangement consists in an excess or preponderance of saline over coloring matter, or red corpuscles; that this condition of things is brought about by debilitating influences, or causes, which deteriorate the blood, rendering it defective in iron, thin, watery, and consequently excessive in saline matter—that this preponderance of saline over coloring matter, (iron) gives rise to irritation of nervous system, manifested in nervous pain, without any attending inflammation, which we denominate *idiopathic* neuralgia. It also will be observed that we base this pathology upon, and harmonize it with, the form of treatment that has invariably performed permanent cures, and the form of treatment that is well attested and authenticated by the most eminent medical writers of the past.

We will in the next place notice some of the *symptomatic* cases, also the modifications, and peculiarities of the disease under consideration. We not unfrequently see persons suffering with *aches* and *pains* denominated neuralgic, that have

their origin in many other than the pathological condition above set forth as the true pathology of the malady in question. I do not ignore the fact that any pain arising from irritation of brain or nervous system and not attended by inflammation, is neuralgia, according to the construction put upon the term by Wood and others. But granting this, only serves to verify, rather than disprove our position; for we only claim that the affection is caused by irritation. And those cases of the disorder that will not bear, or do not demand tonic treatment, are generally produced by some accidental occurrence, as in nephralgia when caused by a calculus in the kidney or ureter, or when a predisposition is excited into action by a carious tooth, or by any mechanical injury which may be accidentally inflicted upon a nervous trunk or plexus of nerves. Such cases we, for reasons afore mentioned, denominate *symptomatic*. They generally for their removal demand depletives and narcotics, especially the latter.

The disorder, as aforesaid, frequently assumes a remittent or intermittent character, especially is this applicable to those attacks which occur in malarial districts. But this fact only serves to still further substantiate our views as above recorded; for the malarial poison deteriorates the quality of the blood as surely and speedily as any other known agent. But it is not solely due to the malarial influence that the affection is paroxysmal; for in *that*, is only evinced the universal, and I may say immutable characteristic of irritation, which has *always* a disposition to intermissions, remissions, and exacerbations. In those cases ferruginous tonics, in combination with vegetable antiperiodic medicines are required for the permanent removal of the difficulty.

We have done with the pathology of neuralgia, and if it be correct it will certainly direct in a more sure and successful path, those who have the painful and unbearable difficulty to deal with and treat. Whether it be the correct pathology or not, we can certify to one thing, which is this: that we invariably address our remedies, when called to a case of the disorder, to the pathological conditions above recorded; and we have quite recently permanently cured a number of cases which have harassed the patients from one to three years.

Will here report the particulars of one case, in order to give our plan of management when called to an obstinate case.

Was called in the month of January, to Mrs. H., the mother of two children, and aged about thirty years. She is of the nervo-bilious temperament. Said she had suffered more or less with an obstinate pain in the right side of the head for the past three years. Had been treated by Dr. W., Dr C., and Dr.—we can't say who else, and that none of them had even palliated the trouble for her. Her physical appearance evinced an anemic state of system; and upon closer examination she was found to be suffering with the most positive general debility, having in attendance all those functional derangements characteristic of that condition.

Diagnosis ; Hernicrania : Therapia :

B	Chiniodine,	24 grs.
	Pulvis. Au. Cap.	5 grs.
	Strychnia,	1 gr.

Mix—flat. pil. No. 10 Dose—a pill before each meal.

After using the above sufficiently long to break down the paroxysms, and give the patient relief, we prescribed the following :

B	Quevennes Iron,	60 grs.
	Quinine,	60 grs.
	Ext. Hyoscyamus,	40 grs.
	Pulvis. Ann. Cap.	20 grs.

Divide into 40 pills : dose—a pill after each meal, and to be continued until completely relieved of debility.

The patient did well from the commencement of the treatment, and is now restored to perfect health, at least as far as neuralgia is concerned.

The above is a fair specimen of our treatment when called to a case of, what we have termed in the present article, *idiopathic neuralgia*; and we can truthfully say, so far as our limited experience extends, we have *invariably* met with the best of success, having never failed to afford permanent relief in such cases.

REPORTS OF SURGICAL CASES.

By E. ANDREWS, M. D.,
Professor of Surgery in the Medical Department of Lind University.

Discoloration of the Crystalline Lens.—Mr._____, of_____, Ill. applied to me for an examination of his eye. He had come in from the country to be treated for blindness, and applied to a notorious advertising eye quack who practices in this city. He paid him fifty dollars in advance, and received in return a valuable promise of relief. Having spent some time under his care without material advantage, he at length got his eyes opened—not to the sunlight, but to the fact that he was in the hands of a deceiver—and was out of money. In this situation he called upon my colleague, Prof. Hollister, who pitying his condition, gave him his own advice freely, and also brought him to the notice of myself and Dr. Holmes. It appeared that the quack had pronounced the case to be amaurosis, and had given a passably good treatment for that disease, but neglected to make a proper internal examination of the eye. On examination we found the organ looking nearly natural, the pupil appearing black, and to the naked eye seeming perfectly clear. The edge of the iris was a little altered by former inflammation, and adherent to the lens so as not to dilate on the application of atropine.

The case had therefore all the appearance superficially of a true amaurosis.

On testing the condition of the retina, we found, however, that the patient could see a candle across a room, and distinguish accurately the position of any bright object, and even sometimes the form of large distinct letters. This test, which is the one adopted by the best authorities for determining the power of the retina in cases of cataract, showed that membrane to be in a good condition, and that the quack diagnosis was a complete error. The ophthalmoscope confirmed our opinion, by showing that there was some dark semi-opaque substance in the eye which prevented any clear view of the posterior surface of the organ. On testing the eye by the reflection of a candle, only the anterior image could be produced, showing

that the crystalline lens was no longer smooth, and that light was not transmitted clearly through it. In short, it was either a true black cataract, or else a discoloration of the lens by adhesion of pigment from contact with an inflamed and contracted iris.

We advised the patient to discontinue all medication, and whenever he was able to come again to the city, to place himself in competent hands for removal of the cataract by operation.

Fractures of the Skull. Case 1.—R. W., aged 10 years, was kicked by a horse in the forehead. On my arrival at the house I found him with a wound in the eye-brow, which communicated with a fracture in the outer table of the skull, produced apparently by the cork of the horse's shoe. The fractured portion was a little depressed upon one side, but as there were no symptoms of compression of the brain, and the patient retained all his mental faculties perfectly, I did not interfere with the bone. The skin was simply drawn together with adhesive straps, and left for union. In this patient, although so young, I think the frontal sinuses were so much developed that the fracture was purely in the front wall of the sinus, while the inner table behind those cavities was not injured. The result justified this view, for in ten days the wound was healed, and the child well without any untoward symptoms.

Case 2.—J. A., fell upon a railroad track in front of a hand car. The wheel struck the frontal bone, near the saggital suture, producing a depressed fracture, and the usual coma and stertor, and the other symptoms dependent on compression of the brain. On my arrival, some hours afterwards, I found the patient partly recovering his senses, and the symptoms of compression so far passing off as to render the trephine scarcely necessary, so far as that condition was concerned.

The examination of the injury, however, showed the following condition. The skull was fractured at the point of injury, and the bone comminuted and driven, in a concave form by

the blow of the rounded flange of the car wheel. The fragments were impacted together, so as to form an inverted arch capable of obstructing completely the escape of pus, or any necrosed fragments of the inner table, should either result from the injury. I judged it safest therefore to apply the trephine. On penetrating through the external table, the button of bone thus formed separated from the inner table and came away alone. The inner table was found extensively splintered, and separated both from the outer table and the dura mater. One of the splinters had penetrated to the brain, allowing a small quantity of the gray matter to ooze out. After elevating the firmer parts of the depression and removing the loose pieces, the scalp was drawn over the part, and a cold water dressing applied. The other injuries of the patient now claimed attention. A great number of small cuts, scratches and bruises existed, but the chief trouble was a double fracture of the jaw. The lower maxilla was broken through on both sides, and the central portion thus deprived of support was retracted by the action of genio-hyoid muscles, and could not be retained in its natural position by the ordinary dressings. I therefore called in a dentist, who took an impression of the inside of the mouth in plaster of paris, by means of which he moulded a silver plate to fit over the arch of the teeth. This being done, the lower jaw was strapped up against the upper, and made to retain its form perfectly. The patient, of course, was fed upon liquid food.

On the second day, I was alarmed to perceive evidences of a decided suppurative diathesis. Every scratch upon the body began to exude pus. I administered equal parts of muriatic acid and muriated tincture of iron in doses of 30 drops every hour. In twenty-four hours more I was relieved to find the suppurative tendency perfectly controlled, and the appearance of all the wounds much healthier. From this time onward the progress was favorable, and the patient made a complete and rapid recovery.

Case 3.—This patient received a blow on the head from some object at a railroad accident. The upper part of one parietal bone was fractured and depressed. The case presented

no unusual phenomena; the trephine and elevator were applied and a good recovery followed.

Injuries Simulating Fractures of the Skull. Case 1. A man was thrown from a wagon and taken up in an insensible condition. I had him conveyed to his house and there made an examination. The patient was comatose, but the pulse not as slow as in most cases of compression. On the occipital bone there was a distinct depression, with one well defined edge, but no injury to the scalp. After careful examination, I decided to await further developments, as the depression did not present all the appearances of a recent injury. After two hours the patient was perfectly conscious; the depressed spot was not sore, nor did it present any appearance of violence. In short, it proved to be an accidental irregularity, either congenital, or else the result of some old injury. The man made a good recovery.

Case 2. A boy, aged 12 years was thrown from a wagon. On examination I found the scalp separated from a portion of the occipital bone, but not torn. The separated patch was distended with blood, making a soft fluctuating tumor. At the lower part of the tumor, at the insertion of the trapezius muscle, there was a blunt edge to be felt with an apparent cavity above it. The patient was comatose, but the breathing was not stertorous, nor did the pulse indicate compression. I opened the tumor, evacuated the blood, and explored the cavity with my finger. The skull was perfectly sound, and the prominent ridge which I felt at first proved to be the upper end of the trapezius muscle, which was torn from its insertion and presented a sort of sharp edge under the skin. The patient was more or less impaired in his mental functions for several months after the injury, but finally recovered.

TENTH ANNUAL MEETING OF THE ILLINOIS STATE MEDICAL SOCIETY.**HELD IN PARIS, ILL., MAY 8TH AND 9TH, 1860.****FIRST DAY.—MORNING SESSION.**

The Society met in the Elliot Chapel, and was called to order at 10 o'clock, A. M., by Dr. H. W. Davis, one of the Vice-Presidents; the President being absent.

Dr. S. York, Chairman of the Committee of Arrangements, welcomed the members of the Society to the hospitalities of the profession and citizens of Paris, and reported the following delegates and permanent members as present:

DELEGATES.

Dr. J. A. W. Hostetter, of Decatur, from Macon Co. Med. Soc.
" Ira B. Curtis, do. do. do.
" R. H. Brown, of Mahomet, from Champaign Co. Med. Soc.
" John Swain, of Champaign do. do. do.
" R. G. Laughlin, of Heyworth, McLean Co. Med. Soc.
" T. D. Fisher, of LeRoy, do. do. do.
" T. K. Edmiston, of Clinton, Dewitt Co. Medical Society.
" J. H. Apperson, of Bourbon, Douglas Co. Med. Society.
" D. E. Foote, of Belvidere, Boone Co. Medical Society.
" D. W. Stormont, of Grandview, Esculapian Med. Society.
" L. L. Todd, of Paris, Esculapian Medical Society.
" W. M. Chambers, of Charleston, Eberleon Med. Society.
" N. S. Davis, of Chicago, Med. Department Lind University.
" J. W. Freer, of Chicago, Rush Medical College.
" E. L. Holmes, of Chicago, Char. Eye and Ear Infirmary.

PERMANENT MEMBERS.

Dr. J. S. Whitmire, of Metamora, Woodford Co.
" G. Beeman, of Decatur, Macon Co.
" S. T. Trowbridge, of Decatur, Macon Co.
" J. M. Steele, of Grandview, Edgar Co.
" S. York, of Paris, Edgar Co.

Dr. John Tenbrook, of Paris, Edgar Co.

" H. Rice Payne, of Marshall, Clark County.

" H. W. Davis, of Terre Haute, Ind., formerly of Paris.

The Secretary then read the roll of members, and distributed copies of Transactions containing the minutes of the last annual meeting.

The Society then took a recess of ten minutes to enable the delegates and members from each county represented to report one of their number to act on a committee for nominating officers and filling standing committees for the ensuing year.

The Society having been called to order, the following were reported as members of the Nominating Committee:

Dr. W. M. Chambers, of Coles Co.

" J. S. Whitmire, of Woodford Co.

" T. K. Edmiston, of Dewitt Co.

" E. L. Holmes, of Cook Co.

" John Swain, of Champaign Co.

" J. H. Apperson, of Douglass Co.

" R. G. Laughlin, of McLean Co.

" D. E. Foote, of Boone Co.

" Ira B. Curtis, of Macon Co.

" H. Rice Payne, of Clark Co.

" J. M. Steele, of Edgar Co.

On motion of Dr. J. W. Freer, the nominating committee was requested to defer any action until 3½ o'clock, P. M., as delegates from other counties were expected to arrive in the afternoon trains.

On motion of Dr. W. M. Chambers, the regular order of business was suspended for the purpose of electing permanent members.

L. D. Martin, M. D., of Shelbyville, Shelby Co., proposed by W. M. Chambers.

Charles Johnson, M. D., of York, Clark Co., proposed by H. R. Payne.

John H. Clark, M. D., of Decatur, Macon Co., proposed by Ira B. Curtis.

Ezra A. Steele, M. D., of Chicago, Cook Co., by N. S. Davis.
J. T. Pearman, M. D., of Elbridge, Edgar Co., by D. W. Stormont.

A. H. Kimbrough, M. D., of Georgetown, Vermillion Co., by Wm. M. Chambers.

D. O. McCord, M. D., of York, Clark Co., by Dr. H. R. Payne.
Charles Gorham, M. D., of York, do. do. do.

On motion of Dr. W. M. Chambers, the above named gentlemen were unanimously elected permanent members of the Society.

B. F. Swafford, M. D., of New Goshen, Ind., was nominated for permanent member, when the question was raised whether it was proper to elect permanent members residing out of this State. The question was discussed by Drs. Edmiston, Whitmire, H. W. Davis, and N. S. Davis.

The following resolution was offered by N. S. Davis, and adopted:

Resolved, That the constitution of this Society does not contemplate the election of permanent members residing out of the State. But a permanent member of this Society elected while residing in this State, does not lose his membership by merely moving out of it.

Dr. D. W. Stormont moved that a committee of three be appointed on unfinished business, which was seconded and adopted. The president appointed Drs. D. W. Stormont, T. K. Edmiston, and H. R. Payne said committee.

Dr. B. F. Swafford, of New Goshen, Ind., and Dr. Hedges, of Clinton, Indiana, were unanimously elected members by *invitation*.

On motion of Dr. W. M. Chambers, the delegates appointed at the last annual meeting to attend the meeting of the American Medical Association, were requested to report at 10 o'clock A. M., to-morrow, whether they can act as said delegates.

On motion, the Society adjourned to 2 o'clock, P. M.

AFTERNOON SESSION.

At 2 o'clock, P. M., the Society was called to order, Dr. S. T. Trowbridge, one of the Vice-Presidents in the chair.

The minutes of the previous session were read and approved.

The following named gentlemen were unanimously elected permanent members, viz :

J. W. Lawrence, M. D., of Carbondale, Jackson Co., proposed by S. York.

John W. Frizell, M. D., of Bloomfield, Edgar Co., by S. York.

J. D. Mitchell, M. D., of Darwin, Clark Co., by H. R. Payne.

The following members were then added to the nominating committee :

Dr. L. D. Martin, of Shelby Co.

A. H. Kimbrough, of Vermilion Co.

John W. Lawrence, of Jackson Co.

T. D. Fitch, of Henry Co.

A. W. Heise, of Will Co.

The reports from Standing Committees being in order, a communication and report from Dr. C. Goodbrake, chairman of the committee on Practical Medicine, was presented by the Secretary. After a considerable part of the report had been read by the Secretary, on motion of Dr. W. M. Chambers, it was referred to the Committee of Publication, with discretion to publish so much as they deem proper.

During the reading of the report on Practical Medicine, the President, Dr. David Prince, of Jacksonville, arrived and took the chair.

The Committee of Arrangements also reported as present the following additional delegates and members :

Dr. T. D. Fitch of Kewanee, from Henry Co. Medical Society.

" A. W. Heise, of Joliet, from Will Co. Medical Society.

" A. R. Spears, of Kansas, from Esculapian Society.

" Daniel Brainard, of Chicago, from Rush Medical College.

" DeLaskie Miller, of Chicago, from City Hospital.

" David Prince, of Jacksonville, Permanent Member.

Dr. J. S. Whitmire, of Metamora, presented and read a

report on the Treatment of Rheumatism, which was referred to the Committee of Publication.

The Committee on Drugs and Medicines being called, the Secretary read a letter from Dr. F. K. Bailey, of Joliet, chairman of the committee, apologizing for the failure to report, which letter was referred to the Nominating Committee.

The Treasurer, Dr. J. W. Freer, of Chicago, presented and read his annual report, as follows:

ILLINOIS STATE MEDICAL SOCIETY,

To J. W. FREER, *Treasurer, Dr.*

To Cash paid Wm. Cravens for Printing Transactions	
for 1859,	\$158 00
" " " Dr. J. W. Philips, for Prize Essay, . . .	50 00
" " " Dr. A. S. Hudson, Prize Essay,	20 00
" " " Postage,	1 50
	<hr/>
	\$229 50

CR.

By Cash for Annual Assessment and Initiation Fees, \$190 00	
" " of Dr. N. S. Davis for Prize Fund,	20 00
" " Dr. Blaney, former Treasurer Prize Money,	30 00
" " Dr. J. M. Steele, for Prize Essay on Opium,	20 00
	<hr/>
	\$260 00

Balance in the Treasury, \$30 50

The report was accepted, and ordered to be printed in the proceedings of the Society.

The Committee to nominate officers for the ensuing year, presented the following report:

FOR PRESIDENT.

Wm. M. Chambers, M. D., of Charleston.

FOR VICE-PRESIDENTS.

T. K. Edmiston, M. D., of Heyworth.

H. R. Payne, M. D., of Marshall.

TREASURER.

J. W. Freer, M. D., of Chicago.

Place for the next annual meeting, Jacksonville, Morgan Co., Ill.

On motion, the report was accepted and adopted unanimously.

On motion, the Society adjourned until 8 o'clock, P. M., to hear the Annual Address.

EVENING SESSION.

At 8 o'clock, P. M., the Society, with a large audience of citizens, assembled in the Chapel, and were called to order by the President. Dr. N. S. Davis, of Chicago, then delivered the Annual Address. The subject was the "Mutual relations and consequent mutual duties of the medical profession and the community." Its delivery occupied three-quarters of an hour, and was listened to with marked attention and pleasure.

Dr. David Prince, of Jacksonville, the retiring President, then read an interesting valedictory address, on the legal relations and responsibilities of the physician and surgeon.

On motion, the Society adjourned to 9 o'clock, A. M.

SECOND DAY.—MORNING SESSION.

At 9½ o'clock, A. M., the Society was called to order by the President, Dr. D. Prince, who after a few remarks, introduced the President elect, Dr. W. M. Chambers, to the chair. Dr. Chambers thanked the Society for the honor conferred upon him, and proceeded with the regular order of business. The Secretary read the minutes of the last meeting, which were corrected and approved.

The report of the Standing Committee on Obstetrics being called for, Dr. W. H. Byford, the chairman, was absent. He had prepared a report, however, which was presented by the Secretary, and an abstract of the same read, when on motion the report was referred to the Committee of Publication.

Dr. DeLaskie Miller, of Chicago, from the Special Committee on the Hygiene and Sewerage of Cities, presented and read a report, which was accepted and referred to the Committee of Publication.

On motion of Dr. S. York, the order of business was suspended for the purpose of hearing from the delegates appointed at the last meeting of the Society, to attend the American Medical Association, and to fill such vacancies as may be found to exist.

Six of the delegates previously appointed announced themselves as unable to attend the coming meeting in New Haven, and their places were filled by the following: Dr. Z. H. Whitmire, of Metamora; Dr. John Tenbrook, of Paris; Dr. A. A. Dunn, of Cambridge; Dr. Charles Johnson, of York; Dr. A. H. Luce, of Bloomington; Dr. T. D. Fitch, of Kewanee.

Dr. Z. H. Whitmire, of Metamora, Ill., was proposed by W. H. Davis. Dr. A. A. Dunn, of Cambridge, Henry Co., was proposed by T. D. Fitch, and both unanimously elected permanent members of this Society.

The hearing of reports from Standing Committees was again resumed.

Dr. D. Brainard, of Chicago, chairman of the Committee on Surgery, presented his report, consisting of a paper written by himself; another by Dr. E. Powel, of Chicago, on Fractures; and another by Dr. D. Prince, of Jacksonville, on Silver Sutures. He also exhibited to the Society several new surgical instruments, with extempore comments on their utility.

Dr. D. Prince moved that the report of Dr. Brainard be accepted and referred to the Committee of Publication, with instructions to print the same, which was adopted.

On motion the Society adjourned.

SECOND DAY.—AFTERNOON SESSION.

At 2 o'clock, P. M., the President, Dr. Chambers, called the Society to order. The Secretary in behalf of the Committee of Publication presented the following report, which was accepted, and its recommendations adopted, viz:

Report of Permanent Secretary in behalf of the Publishing Committee.

As soon as practicable after the last Annual Meeting, the Transactions of the Society were sent to the printers for publication.

400 copies were printed, 150 of which have been distributed to members of the Society, the Editors of Medical Journals, and the Secretaries of other State Medical Societies. 250 copies remain on hand for the use of the Society. The Transactions of all previous years remain as represented in the report of last year. The expense of printing the Transactions for 1859 was \$158.00, as stated in the report of the Treasurer. Besides this, the Permanent Secretary has paid in postage on copies of the Transactions distributed, and in letters in relation to the business of the Society, five dollars more, a bill for which accompanies this report.

From the fact that the printed copies of the Constitution and Bye-Laws of the Society are nearly exhausted, your Committee would recommend that they, together with all amendments, be published with the Transactions of the present meeting.

N. S. DAVIS,

Paris, Ill., May 9th, 1860.

Permanent Secretary.

The Committee on Nominations then presented the following report, which was accepted and adopted:

That the annual assessment for 1860 be *two dollars*.

STANDING COMMITTEES.*Committee of Arrangements.*

Dr. D. Prince of Jacksonville.

" O. M. Long, of Jacksonville.

" A. McFarland, of do.

" N. English, do.

" Henry Jones, do.

Committee on Practical Medicine.

Dr. S. T. Trowbridge, of Decatur, Macon Co.

" John Swain, of Champaign, Champaign Co.

" D. E. Foote, of Belvidere, Boone Co.

Committee on Drugs and Medicines.

Dr. F. K. Bailey, of Joliet, Will Co.
 " R. G. Laughlin, of Heyworth, McLean Co.
 " H. R. Payne, of Marshall, Clark Co.

Committee on Obstetrics.

Dr. T. D. Fitch, of Kewanee, Henry Co.
 " DeLaskie Miller, of Chicago, Cook Co.
 " J. B. Curtis, of Decatur, Macon Co.

Committee on Surgery.

Dr. A. W. Heise, of Joliet, Will Co.
 " J. W. Freer, of Chicago, Cook Co.
 " E. Andrews, do. do.

SPECIAL COMMITTEES.

Itinerant Practitioners.

Dr. S. York, of Paris, Edgar Co.
 " J. H. Apperson, of Bourbon, Douglass Co.
 " John Wright, of Wapella, DeWitt Co.

Diseases of the Eye.

Dr. E. L. Holmes, of Chicago, Cook Co.

Typhoid Fever.

Dr. H. Noble, of Heyworth, McLean Co.
 " Hiram Nance, of Layfayette, Stark Co.
 " L. D. Martin, of Shelbyville, Shelby Co.

Stomatitis Materni.

Dr. A. J. Crane, of Champaign City, Champaign Co.

Medical Electricity.

Dr. J. A. W. Hostetter, of Decatur, Macon Co.

Assistant Secretary.

Dr. O. M. Long, of Jacksonville.

Report from the Special Committee on Chlorosis being called for, Dr. E. W. Moore, chairman of the committee, was absent, but had sent a communication to the effect that he had been prevented from finishing his report by sickness, but would have it completed in a few days and leave it at the disposal of the Society. On motion, Dr. Moore was requested to finish his report, and forward it to the Committee of Publication.

Dr. A. Hard, of Aurora, chairman of the Committee on Veratrum Viride, had sent his report, which was read by the Secretary, and referred to the Committee of Publication.

Dr. E. L. Holmes, of Chicago, chairman of Special Committee on Diseases of the Eye, presented and read his report, which was accepted and referred to the Committee of Publication.

Dr. N. S. Davis presented and read an abstract of a paper on the Food of Infants when deprived of the milk of the mother; which was accepted and referred to the Committee on Publication.

Dr. N. S. Davis was requested to continue his researches as a Special Committee on the Changes in the Blood during continued Fevers.

Dr. D. W. Stormont, from the Committee on Prize Essays, reported that only one Essay had been received ; and that came into the hands of a majority of the committee at so late a period that they have been unable to read it. The committee therefore recommend the continuance of the offer for Prize Essays another year ; and that the present essay remain as a competitor for it. The report of the committee was accepted and adopted.

Dr. DeLaskie Miller, of Chicago, was requested to continue as a Special Committee on the Hygiene of Cities.

Dr. H. W. Davis, of Terre Haute, Ind., was appointed a Special Committee on Serous Inflammation.

Dr. D. W. Stormont, chairman of the Committee on Registration, made the following report, which was accepted and adopted :

The Committee on the Registration Law, as instructed at the last meeting of the Society, would present the following petition for the signature of the officers, viz :

To the Honorable, The General Assembly of the State of Illinois : The undersigned, Officers of the Illinois State Medical Society, in behalf of said Society, respectfully ask your Honorable Body to pass a Law for the Registration of the

Births, Marriages and Deaths in this State. Sanitary science demands it, and the interests of the people would be greatly advanced by it. Signed by order of the Society, adopted at the tenth annual meeting, held in Paris, Edgar Co., May, 1860.

The Committee have prepared a Law, which will be laid before the Legislative Committee having this matter in charge.

We would request each Local Medical Society to memorialize the Legislature on this subject. Will some member in each Society see that this matter is attended to?

Respectfully submitted.

D. W. STORMONT,

Chairman of Committee.

Dr. J. S. Whitmire, of Metamora, offered the following resolution, which was adopted unanimously:

Resolved, That the thanks of this Society are due to the Physicians of Paris in particular, and to the Citizens generally for the hospitable manner in which they have entertained its members during its present session. And that we will carry home with us the kindest regards for their future prosperity and welfare.

Dr. Brown offered the following resolution, which was adopted unanimously, and together with that offered by Dr. Whitmire, was ordered to be printed in the local papers in Paris.

Resolved, That the thanks of the Illinois State Medical Society are hereby tendered to the Trustees and Members of the Methodist Episcopal Church, for the use of Elliott Chapel during the present annual session of this Society.

Dr. D. W. Stormont, chairman of the Committee on unfinished business reported, that it would be proper to hear from the Committee on Legalizing Dissections, found on page 13 of Transactions for 1859; also from Committee on further accommodations for the Insane; also from a Committee to whom was referred the charges against Dr. White, of Salem; and to act on the resolutions offered by Dr. Washburn, and found on page 15 of the Transactions; and an amendment to the constitution found on page 18.

Dr. York, chairman of the committee to memorialize the Legislature in favor of Legalizing Dissections, reported verbally that there had been no session of the State Legislature since the last meeting of the Society, and the committee was continued another year.

Dr. Prince, chairman of the Committee on further accommodation for the Insane and Idiotic, reported verbally, that the work of providing further accommodations for the Insane was already far advanced, but nothing yet done in relation to the training of imbecile and idiotic children. The committee was continued, with instructions to memorialize the next legislature in favor of suitable provision for the education of Idiotic and Imbecile Children.

On motion of Dr. J. M. Steele, the resolutions found on page 15 of the Transactions for 1859, were taken from the table. On motion of Dr. S. York, their consideration was postponed until the commencement of the evening session.

Dr. W. M. Chambers, from the committee to which was referred the charges against Dr. Wm. White, reported that they had notified Dr. White of the charges preferred by Dr. Haller, and that he could be heard in defence at this meeting of the Society, or in any other way he might think best for the interests of all parties. The committee had received no reply or communication from him of any kind. After reading some of the evidence furnished by Dr. Haller in support of his charges, Dr. H. W. Davis moved that Dr. Wm. White, of Salem, be expelled from this Society, which was adopted by a unanimous vote.

The constitutional amendment found on page 18 of the Transactions for 1859, making the *time* of each annual meeting depend on the vote of the Society, as well as the place, was taken up and adopted unanimously.

Dr. Prince moved that the time of holding the next annual meeting of the Society be on the first Tuesday of May or June, to be determined by *notice* of the Secretary, when it shall be known what time the meeting of the American Medical Association is to be held in 1861. Adopted.

On motion of Dr. R. G. Laughlin, Dr. T. K. Edmiston of Clinton, was appointed a delegate to represent this Society in the next meeting of the Ohio State Medical Society, to be held at White Sulphur Springs.

On motion of Dr. Brown, Dr. John Swain, of Champaign, was appointed a delegate to represent this Society in the next annual meeting of the Kentucky State Medical Society.

On motion of Dr. T. D. Fitch, Drs. N. S. Davis and David Prince, were requested to furnish to the Committee of Publication copies of their addresses for publication in the Transactions of the Society.

On motion of Dr. T. D. Fitch, the Secretaries of Local Societies were requested to procure the publication of the address of Dr. N. S. Davis, in as many of the newspapers of the several localities as possible.

Dr. J. H. Whitmire, of Metamora, was appointed a special committee to report on Erysipelas.

The following named members were duly nominated and elected delegates to attend the annual meeting of the American Medical Association for 1861:

- Dr. A. W. Hostetter, of Decatur, Ill.
- “ J. S. Whitmire, of Metamora, Ill.
- “ Charles, Johnson, of York, Ill.
- “ R. H. Brown, of Mahomet, Ill.
- “ T. D. Fitch, of Kewanee, Ill.
- “ J. M. Steele, of Grandview, Ill.
- “ Geo. Beman, of Decatur, Ill.
- “ S. York, of Paris, Ill.
- “ H. W. Davis, of Terre Haute, Ind.
- “ D. E. Foote, of Belvidere, Ill.
- “ D. Prince, of Jacksonville, Ill.
- “ W. M. Chambers, of Charleston, Ill.
- “ C. Goodbrake, of Clinton, Ill.
- “ H. R. Payne, of Marshall, Ill.
- “ C. N. Andrews, of Rockford, Ill.

On motion, Society adjourned to 8 o'clock, P. M.

SECOND DAY.—EVENING SESSION.

At 8 o'clock, P. M., the Society was called to order by the President, Dr. W. M. Chambers.

Dr. O. Q. Herrick, of Kansas, permanent member, arrived and took his seat.

The president announced the following committee on Prize Essays for the ensuing year: Drs. H. A. Johnson, J. V. Z. Blaney, and E. L. Holmes, all of Chicago.

Dr. T. D. Fitch moved to take up the following resolutions, offered by Dr. Washburn at the last annual meeting of the Society:

Whereas, The American Medical Association is a national Association, composed of delegates and members from all parts of the United States, meeting on terms of perfect equality:

Therefore, *Resolved*, That in the opinion of this Society, all the officers of the Association should be selected strictly with reference to *merit*, and without any regard to their place of residence.

Resolved, That the custom of selecting the President of the Association exclusively from the profession of the city in which the Annual Meeting is held, is not only derogatory to the general character of the organization, and calculated greatly to lessen the honor which should attach to that office, but past experience has shown that it leads directly to local divisions, jealousies, and injurious partisan strife.

Resolved, That the delegates from this Society to the Association, be instructed to use their influence to abrogate the custom alluded to in the preceding resolution.

Resolved, That the Secretary be directed to furnish copies of the foregoing resolutions to other State and Local Medical Societies, and ask their attention to the same.

The motion was seconded by Dr. J. M. Steele, and after some remarks by Drs. Steele, Brainard, York, and Whitmire the preamble and resolutions were adopted almost unanimously.

The report on Itinerant Practitioners being called for, Dr.

Curtis, one of the committee, made an amusing verbal report; after which, Dr. H. W. Davis, of Terre Haute, chairman of the committee, read a lengthy report in the form of a satirical poem, which was listened to with interest.

On motion of Dr. J. S. Whitmire, the thanks of the Society were tendered to Dr. Davis for his report, and a cane ordered to be presented as a token of their appreciation of its merits.

On motion of Dr. Brainard, the President was appointed to deliver the public annual address at the next meeting of the Society.

On motion of Dr. Brainard, the Society adjourned *sine die*.

N. S. DAVIS,

Paris, Edgar Co., Ill.

Permanent Secretary.

BOOK AND PAMPHLET NOTICES.

THE LIFE OF JOHN COLLINS WARREN, M. D.: Compiled chiefly from his Autobiography and Journals By EDWARD WARREN, M. D., in two volumes, Octavo. Boston: Ticknor and Fields. 1860.

This is the title of a work, very neatly gotten up by the publishers, which all lovers of Biography, and especially of the biography of medical men, will be likely to purchase and peruse with pleasure.

Dr. J. C. Warren, late of Boston, attained a very high rank as a surgeon and a teacher; and all the more important facts and incidents of his life will be sought after and preserved, not only by the present generation to whom his name is familiar, but by succeeding generations, so long as the profession itself is cultivated and cherished among men. Dr. Edward Warren, the compiler of this work, had in his possession the most ample materials, and he has used them in such a way as to make two volumes of about 400 pages each, which should be read by every physician in our country.

THE MEDICAL USES OF ELECTRICITY IN THE TREATMENT OF NERVOUS AFFECTIONS: A new and important medical work, just issued by Messrs. TICKNOR & FIELD.

This is a thoroughly systematic work of over 700 pages, and finely illustrated with nearly 100 cuts, showing not only the best "*Methods*" for the therapeutical employment of Electricity in the various nervous diseases, but also *showing the anatomy of the parts* (nerve-trunks and muscle-fibres) liable to be involved; moreover presenting a concise view and means of diagnosis of the great variety of nervous affections met with in every-day practice. This work is from the pen of ALFRED C. GARRATT, M. D., of Boston, who of late years, it is well known, has made this difficult department of medicine his *specialty*. It is addressed to medical students, and is dedicated to Dr. JOHN HOMANS, President of the Massachusetts Medical Society. It is intended for the professional eye. There is no similar work in the English language.

A more extended notice will be given after we have had time to examine the work more carefully.

TRANSACTIONS OF THE THIRTY-SIXTH ANNUAL MEETING OF THE MEDICAL SOCIETY OF VIRGINIA: Held in April, 1859.

This is a pamphlet of 22 pages, containing the simple record of proceedings of the Annual Meeting, and the Address of the President of the Society, Prof. Levin S. Joynes, of Richmond, Va. The address is well written and may be read with interest and profit by all. The design of its author was, doubtless, to awaken more interest in the State Society, on the part of the physicians of that State.

In the record of proceedings is a copy of the bill for establishing a *State Record of Medical Examiners*, which was adopted by the Society and recommended to the State Legislature.

It is well known, that we have been for many years in favor of the establishment of similar Boards in every State in the Union, by which all candidates for admission into the profession should be examined whether they possessed a diploma from a Medical College or not. Such a measure, properly executed, would speedily place every Medical College where it should be, strictly on its *merits* as an institution for imparting sound medical instruction.

HISTORICAL AND BIOGRAPHICAL ADDRESS: Delivered before the Cortland County Medical Society, N. Y., at the Fiftieth Anniversary Meeting, Aug. 10th, 1858. By GEORGE W. BRADFORD, M. D., Secretary of the Society.

We are much obliged to our esteemed friend, Dr. Bradford, for a copy of the above address. It contains a brief history of the formation of the Cortland County Medical Society in 1808—a sketch of each of its original founders—and a full list of the members up to the present time. It is full of interesting incidents, and cannot fail to possess much local interest and value.

DIPHTHERITIS: A concise Historical and Critical Essay on the late Epidemic Pseudo-Membranous Sore Throat, of California, (1856-7) with a few remarks illustrating the Diagnosis, Pathology, and treatment of the Disease. By V. J. FOURGEAND, M. D. Sacramento : 1858.

We have recently received a monograph, with the foregoing title, containing 44 pages, well filled with interesting facts and observations, concerning a disease that has attracted much attention during the last few years. We place the Essay on record as an important contribution to the literature of that subject.

ON THE DIFFICULTIES AND ADVANTAGES OF CATHETERISM OF THE AIR-PASSAGES IN DISEASES OF THE CHEST. By HORRACE GREEN, M. D., L. L. D., etc. New York.

This is an essay of 24 pages, in which the author endeavors to show that it is practicable to introduce a proper tube into the trachea, and through it into the larger bronchial tubes, and to inject a solution of Nitrate of Silver into the lungs; not only without injurious effects, but with benefit.

That such catheterism and injections are practicable, we are not disposed to deny. But that they are beneficial or even free from danger, is very far from having been proved by the author; and we would advise all practitioners to be very cautious how they attempt to imitate the practice recommended by Dr. H. GREEN.

SELECTIONS.

(From the London Medical Times and Gazette.)

Biography of Claude Bernard.—The intensely interesting and highly instructive Lectures on Experimental Pathology and Operative Physiology, which have been recently commenced at the College of France, by M. Claude Bernard, being about to appear in the columns of the *Medical Times and Gazette*, a brief notice of the labors and scientific career of their distinguished author may not be without interest for the reader.

M. Claude Bernard was born in 1813, at St. Julien, near Villefranche, in the department of the Rhone. I am unable to state exactly in what year he commenced his medical studies, but it must have been about '34 or '35, for, in 1839, he, after undergoing the customary ordeal, entered one of the Paris Hospitals as "*intern*."

Two years later he became attached to the lecture-room of the celebrated Magendie, at the College of France, his position being that of "preparateur." In other words, the duty devolved on him of making all the preliminary arrangements which the proposed experiments of that distinguished professor might require.

In 1843, the youthful Bernard, after a brilliant examination, and the usual defence of a thesis, was received as M. D.; and in 1853, he obtained the degree of "Docteur en Sciences,"—no mean honor, as all those who know the severity of the test must admit.

In 1847 we find him occupying the honorable and important office of "suppleant," or substitute to Magendie, and even at times lecturing with very considerable ability to the crowds of scientific men and students who were wont to repair to the lecture-room of that distinguished man. This office, of such high trust and responsibility, he worthily held for seven years.

The natural bias of his mind had, from the very commencement of his studies, inclined him towards physiological researches; but, alas! Bernard was not one of fortune's favorites, and his scanty means forced him to quit the field where he was destined, at a later period, to gain such glorious laurels, and to return to the domain of Surgery. He even went so far as to publish a "*Manuel de Medecine Operatoire*," in collaboration with M. Huette. Circumstances, however, having brought him in contact with Magendie, the marked taste which he speedily evinced for physiology satisfied that great man that he might one day be surpassed by the young aspirant. For-

tunately for science, Magendie possessed great influence over him, and succeeded in calling him back to his less lucrative but more favorite studies of physiology.

Some short time after this backsliding—if I may be allowed to use the expression—he was called upon to occupy a position of higher importance still, and one more consonant with his independent and speculative nature than that of assistant to another could possibly be. I allude to the chair of physiology, which has just been created, in connection with the Faculty of Sciences.

But higher honors were in store, and thick and fast did they descend on him; for we find that, shortly after having attained to the Professorship, he was elected a Member of the Academy of Sciences, in lieu of M. Roux, the eminent surgeon, whose death has just caused a vacancy in that learned body.

The following year was signalized by an event which profoundly moved the scientific world; namely, the death of Magendie, whose name had been for years identified with the progress of experimental physiology, and who had by his extraordinary success earned for himself the name of "Chief of the Experimental School of Physiology of France." It was well known that the end and object of Magendie in all his teaching and investigations was the subjugation of theory to practice; and in this respect he was a most valuable guide and director to those who were disposed to follow him in his experiments. Skeptical and inquisitive by nature, he mercilessly overthrew whatever would not stand the test of experiment. From such a master the inquiring mind of Bernard could not but take a favorable bias; from such a man he could not fail to draw healthy inspirations. Hence we find Bernard adopting the principles of his esteemed master, and steadily and perseveringly improving and enlarging the field of experimental science—philosophically considering and investigating the normal and morbid manifestations of the animal economy and the laws of life. It was but natural to suppose that the illustrious Magendie should be replaced by his talented pupil; and right worthily has he since filled up the blank which his master's death created, as the attentive and admiring crowds always to be seen in his class-room amply testify. It is not the orator they flock to hear; for as a speaker we daily hear better. So rapidly do his ideas seem to succeed each other that he is often at a loss to find words to clothe them. His voice, though not harmonious, is far from being unpleasant. In stature he is above the middle size, well knit, broad-chested, of a nervo-bilious temperament—the latter element predominating. A highly intellectual expression of countenance, with a large and

powerful head, give unmistakable evidence of the energy and indomitable perseverance of the man. Though not a rhetorician, in the strict sense of the word, he possesses the rare and happy talent of captivating and en chaining his audience, and inspiring them with the conviction that he is fully and completely master of the subject which he expounds.

But to take a glance at his labors, and what he has already achieved in his particular department. Almost all of his discoveries are of a highly important and practical kind; and they have given, within the last few years, quite a new character to physiological investigation. He has not only struck out new paths, but he has roused the attention of the scientific and the learned to the reconsideration of many fundamental questions which were supposed to have been long settled, but which, in reality, had been but imperfectly established; and he has thereby contributed much to a clearer, a more correct, and a more comprehensive appreciation of the essential functions of the animal economy. As far back as 1844, when he was comparatively a young man, and but newly entered on the field of physiological investigation, he published an elaborate paper on the different secretions of the alimentary canal, and the parts which they respectively play in the digestive process. He had the merit of being the first to show the real mechanism of the secretion of the gastric juice, and the various changes and modifications produced by this liquid on the aliments taken into the stomach. Not less interesting and instructive are the results of his investigations into the saliva and the intestinal secretions generally, and his inquiries into the influence of the different pairs of nerves on the organs of digestion, circulation, and respiration.

But it was in the year 1849 that Bernard first laid the real foundation of his reputation as an experimental physiologist. Prior to this period the real function of the pancreas was involved in obscurity. It had been considered in the light of a salivary gland—a conclusion derived from the similarity of its structure to organs of this class. By a series of carefully conducted experiments, Bernard showed most conclusively that the real function of the pancreas related to the formation of chyle and the digestion of fatty matter taken into the stomach. For this important discovery he was honored with the great prize for Experimental Physiology, awarded by the Academy of Sciences in that year.

In 1850, he made known to the scientific world his first discoveries in connection with the liver; and he showed that this organ—the principal use of which in the animal economy was believed to be the secretion of bile—had, in reality, another

important function, the existence of which had been, up to this time, completely ignored by physiologists. This discovery was no other than that the liver, in its normal condition, besides secreting bile, was constantly producing sugar. To this new function he gave the name of *Fonction glycogenique du foie*. By an immense number of experiments, conducted on species belonging to three of the principal branches of the animal kingdom, he proved to the entire satisfaction of the Academy of Sciences that the blood, before entering the liver by the venæ portæ, contains no sugar; while that which leaves the liver, to enter the heart by the hepatic veins, is abundantly charged with this element. He further proved that this new function was intimately connected with and influenced by the nervous system, and that, by operating on the latter at certain points, an artificial diabetes mellitus can be produced at will. This important discovery, which at first met with much opposition, is now, so far as I know, an acknowledged fact; and its importance, as regards the pathology and treatment of diabetes, is too evident to require remark. It follows from it, that this malady is nothing more nor less than the disturbance of a physiological function; and, that function residing in the liver, it is to this organ, and to those parts of the nervous system which influence it, that the medical man must direct his attention, with a view to its cure. For this most important and practically useful discovery, M. Bernard was again awarded the great prize for Experimental Physiology.

In 1851, his researches in connection with the great sympathetic were so highly approved by the Academy of Sciences, that, for the third time, he received the great prize in physiology. They have since been published, and are not the least interesting of his numerous productions. He shows therein, that if a section be made of any of the branches of this nerve, the temperature of the parts which they supplied is instantly and permanently augmented, and that the inverse of this takes when the nerves of the cerebo-spinal axis are devided—in other words, that, in this latter case, there is a manifest diminution of the temperature. Further, that the section of branches of the great sympathetic, besides being followed by increased temperature, is also attended with great vascularity of the parts which these branches supply. It is easy to appreciate, in practical medicine, the great value of these discoveries, which, up to the present time, so far as I am aware, have not been controverted.

Other discoveries on the subject of animal heat, too numerous to be embraced in this notice, have also been made known by M. Bernard. His experiments proving the elective elimi-

nation of certain substances by the secretions, and especially by those of the salivary glands, as well as his discoveries on the special functions of the spinal nerves, are fraught with intense interest and importance, as well to the physiologist as to the practical physician. Indeed, there is hardly a question in the wide domain of physiology and pathology which has escaped his attention.

Having thus touched on the leading points in M. Bernard's scientific life, we must not forget to add that he follows science for science's sake; patiently and perseveringly he toils for seven or eight hours every day in his laboratory. The world deeply indebted to him; and, nevertheless, he is but poorly remunerated. His two professorships—the one at the Faculty of Science, and the other at the College of France—together with the trifling sum derived from the Institute, of which he is a member, constitute in all but a modest income—not greater, perhaps, than that of a moderately busy country practitioner in England. Thus is science honored! thus are its disciples recompensed in military and imperial France!

Before concluding this paper, it may be well to say a few words on the College of France. This institution was founded by Francis I. in 1530, at the joint solicitation of the preacher Parvi and the famous Beaudens. The number of professors, which was at first but limited, amounts now to twenty-eight. These professors—or “*Lecteurs*,” as they were originally named, from their duty having been, in early times, to read classical authors to the students—give lectures on all the leading subjects in science, literature and art. One peculiarity in this college consists of the perfect liberty accorded to the teachers in their several departments. For example, the Professor who occupies the chair of medicine, has the privilege of teaching any one of the numerous branches of medical science. He may lecture on surgery, *materia medica*, therapeutics, physiology, or any other subject embraced under the general head medicine.

The edifice is plain, but elegant. Among other apartments, it contains some eight ampitheatres, where lectures are delivered. In several of these certain professors lecture by turn. That used by M. Bernard is exclusively set apart for the chair of medicine. It is a large square room, capable of containing six hundred students. At one side of the room, on an elevated platform, is the professor's chair, immediately in front of which is a table, some ten or twelve feet long, on which all the experiments conducted in public take place. From the front of this platform the seats for the students rise in tiers. The roof is ornamented with four frescoes, representing Hippocrates, Aris-

totle, Buffon and Limnaeus. Elegant as is the general appearance of the room, it has a serious defect: the light being derived from the roof, falls directly on the table, and any delicate operation, requiring close inspection, forces the professor to place his head in a position which effectually intercepts the rays of light on their way to the object under examination. In an adjoining apartment is the laboratory, which consists of two small rooms. In that nearest the lecture-room are some small furnaces, and sundry glass cases, containing the larger instruments required for the experiments. In the centre of this room is a strong, solid table about five feet by three, perforated in sundry places, so as to permit cords to pass through it, to control the movements of the animals subjected to vivisection. The other room resembles a chemist's shop. In it are kept all the chemical and medicinal agents, as well as the smaller instruments. In one corner is a sand-bath, intended for experiments on cold-blooded animals. Beneath these apartments, and connected with them by a stone staircase, are a series of cellars, dark and dismal enough, in which are kept animals of every description—dogs, rabbits, guinea-pigs, etc., etc.,—with here and there huge basins and troughs, filled with frogs and other cold blooded animals—all intended in their turn to be sacrificed and offered up on the alter of science. Although that part of the College of France in which M. Bernard lectures is modern, as compared with the rest of the building, still it leaves much to be desired. The laboratory is too small; and it is a matter of wonder to those who visit it, how the professor, his immediate assistants, and his numerous private pupils, can move about in the pursuit of their studies. It is to be hoped that an amelioration, in this respect, may, ere long, be effected.

Virchow's Views on Cellular Pathology. By G. H. E. BAUMGARTEN, M. D.—The researches of Professor Rudolphus Virchow on "Cellular Pathology, based on Physiological and Pathological Histology," have not been accessible to a great majority of the profession, on account of the German garb in which they were clothed. In the *British and Foreign Medico-Chirurgical Review* for October 1856, his doctrines were criticised and dwelt upon analytically by one who appreciated their weakest points as well as their strongest claims to credence. We condense what Dr. Baumgarten has furnished to American readers as his views of Virchow's pathological theories. The basis of the theory of cellular pathology is the principle that a

single cell or group of cells, operated upon by the same cause of disease, may be altered chemically, morphologically, and functionally, without any primary affection of the blood or the nervous system. As every individual cell is supposed to have an individual function, it is inferred that the function may become deranged, and disease result, and that each cell may become diseased alone, without pre-existing disease in its vicinity. With this groundwork for a general doctrine of cellular pathology, the views of Virchow are extended to embrace a wide field of scientific theorizing, much of which is doubtless true, but much must also be hypothetical.

After defining the distinctions between an animal cell and a vegetable cell, the importance of the intercellular substance is alluded to, and from the different relations which the cells bear to each other and to the intercellular substance, the mode in which tissues are built up is explained. The group of tissues in which cells have taken a specific development comprises those which are essential for the character of an animal, as nerve, muscle, and the vascular system. Those tissues in which the cell not only labors for its own nutriment, but also furnishes a certain quantity of substance outside of its walls, comprise the connective tissue and all that is related to, or developed from it, including areolar tissue, cartilage, mucous tissue, adipose tissue, and bone. Pathological formations may be classified on the same principles as the normal tissues just referred to, and, in this sense, heterology of pathological products does not exist. *Heterologous* formations, they can be called, only so far as they have elements analogous to some physiological formation, existing on a spot where they ought not to grow, (*heterotopical*), or at a time when they should not exist, (*heterochronical*), or only in a greater quantity than is proper, (*heterometrical developments*). The physiology of the nutritive process must be understood before the pathological condition can be thoroughly intelligible.

In the processes of active hyperæmia, the muscular elements of the artery are essentially active, relaxation speedily following irritation. The dilatation of the vessel depends in all cases on a sort of paralysis of the muscular coat, and "active hyperæmia," so called, consequently does not depend on any vascular action. The greater or less quantity of blood which flows through a part is not the cause of difference in nutrition. If we diminish the quantity of nutritive material, we can prevent a part from absorbing much, but it does not follow from this, that we can compel a part to assimilate more material by offering more blood to it. Nor does an increase in the nutritive processes of a part depend so much on a greater amount of

blood in general or in part itself, as on certain states of the tissues, (*irritation,*) which change its affinities to the constituents of the blood, or on the presence of specific substances in the latter, which are particularly attracted by certain parts of the tissues. An element, destined to abstract substances from the blood, must be intact; any alteration of its molecular, physical, or chemical properties, by disease, will alter the power of executing this attraction. Cellular pathology merely demands that this law, so true in regard to the larger organs, should be admitted as equally applicable to the smaller organs and elements; that it be conceded that an epidermic cell, a cartilage cell, etc., also possesses in some measure the power of attracting materials from the blood according to its wants. The various distinctions between the humoro-pathological doctrine and those of the cellular pathology are pointed out, especially in the view of the blood being an independent formation, regenerating itself by its own resources. The theory of Virchow denies this, and considers the blood as constantly dependent on other organs. The history of the pathology of pyæmia, embolia, and the chemical dyscrasiae, properly form a part of this branch of the subject, which is discussed at length in the original paper of Virchow. In his theory of independent cell-action, and in his refutation of the doctrine of the neuro-pathologist, he remarks that "every element can be excited to action without any influence or mediation of the nervous system;" and this observation is extended to the different action of different irritants on nearly all excitable parts.

In the limits of this abstract, we can, in addition to the points already considered, merely refer to the remaining subjects of Dr. Baumgarten's analysis of Virchow's views. These are, the phenomena of nutritive irritation, increased assimilation from a direct external irritant, formation, changes in the development of cells, the definition and pathology of inflammation in all its manifold phases, the difference between normal and pathological developments, the formation of mucus and pus, and a number of other materials for reflection and sober consideration. To these are added Dr. Baumgarten's recollections of other views of Virchow, as contained in his lectures and writings. The subject is so minutely histological in its details, that a good deal of the interest which might otherwise be felt in it is lost to those who may find a difficulty in comprehending the refinements of division in which the theory indulges.—(*St. Louis Medical and Surgical Journal, January 1860.*)

The Uterus and its Inflexions. By PROFESSOR ROKITANSKY.

1. The vaginal portions of the uterus of a multipara, and the connected vaginal roof, is formed out of a duplicature or folding-in of the vagina, in which the lower end of the uterus takes a part. So soon as the uterus has passed into the vagina, the latter surrounds it like a ring, forming an intussusception. In front, the doubling is shorter, and is attached by loose cellular tissue. Hence, the anterior lip is thicker, and the vaginal roof more shallow. After many labors the distinctions become less. On section of the uteri of young persons, it is seen that the vagina, after it has formed the duplicature constituting the roof, is continued into the uterus. The mucous membrane and the layer of the two grow into the corresponding tissues. A second, outer, loose, muscular, longitudinal, fibrous layer of the vagina goes outside, over the duplicature, and spreads over the body of the uterus. In more mature uteri, and those which have been pregnant, there is interposed between the mucous membrane of the cervix and the longitudinal, muscular layer, a richer mass of uterus which ends in a point in the anterior lip of the vaginal portion. At the anterior side of the uterus runs the round ligament, separating into two muscular bands; the upper run together at the fundus, the lower under an angle in the neighborhood of the os uteri internum, thus forming a lozenge-shaped space. At the seat of union of the lower bands, in uteri of this description, there strikes a band of about an inch broad, in the form of a bow, the fasciculi of which fix and enlarge the duplicatures. On the posterior wall of the uterus, the ascending band is continued over the cervix into the vagina; or there proceed, also, from the end of this band, in the neighborhood of the os uteri internum, two strips of the form of a sharp bow, to the vagina. The strong mucous membrane of the cervix, and the thicker connective tissue on the posterior wall, do not terminate at the os internum, but, becoming thinner, go on to the body of the uterus. This forms the support of the mass of the uterus, and the foundation of its upright position, and shares essentially in flexions. Inflexion of the uterus, forward or backward, always falls in the region of the os internum. Flexions of the cervix seldom happen. The stratum of connective tissue is always found less thick, looser, thinner, and even wasted away. Hence, anteflexion is more frequent, and in less degree, as it grows to infraction; retroflexion is less frequent, but oftener in extreme degree, and very seldom grows to infraction. Anteflexion, moreover, most commonly appears in the virgin uterus, or at least it is apparently in no relation with labor; retroflexion, on the contrary, hardly ever arises but after repeated labors, or abortions.—(Allg.

Wiener Med. Zeitung, No. 17, 1859; *Brit. and For. Med.-Chir. Rev.*, January, 1860.)

2. *On the Origin of Uterine Flexions.* By PROF. VIRCHOW. This writer sums up thus: At the seat of infarction there is found no primary alteration of tissue. Simple relations of pressure, distinguished from actual tumors, cause no anteflexions, but mostly retroflexions. Filling of the bladder and rectum cause distinct changes of position of the uterus. The changes are no longer possible when the body of the uterus is fixed at a certain height. In original shortening of a lateral ligament, there are found in children only lateral dislocation and inflexion; in persons beyond puberty, anteflexions. Anteflexions are more frequent in normal, retroflexions in pathological condition of the uterine walls.

Hence, he draws the following therapeutical deductions: In the history of flexions there is a period of simple predisposition, one of simple flexion, and one of flexion complicated with various inflammatory processes; the predisposition is frequently given by partial forms of peritonitis, which appear with colicky attacks, and are apparently very difficult to mitigate; long retention of urine and faeces favor the formation of flexions, especially at the menstrual period, that of child-bearing, etc. enlargements of the uterus, especially when united with relaxation, quickly cause flexions, and the removal of these may materially alleviate them; hence, the antiphlogistic treatment of uterine catarrh, and most careful watching of the menstrual and puerperal processes are necessary; a complete removal of anteflexion seems in the highest degree doubtful, while in retroflexion it may be expected. When flexion is connected with consecutive processes, as endo- and peri-metritis, a careful local treatment is necessary.

Virchow remarks upon the views of Rokitansky, as given in the preceding article, and does not regard atrophy at the seat of infarction as primary or essential, for in anteflexions of infantile and maiden subjects there is not the slightest alteration of the uterine wall to be found. He does not consider the anatomical description of Rokitansky as in all points correct; thus, the mucous membrane of the cervical canal cannot be called callous, for it is here relatively thin; it more resembles granulation tissue. The fibro-muscular tissue of the uterus is found as well in the body as in the neck; it contains more muscular fibres and vessels in the body, and more fibrous connective tissue in the neck. Toward the mucous membrane the muscular fibres in both places cease, and there is found a distinct, apparently thick, but in the normal state by no means thick, submucous layer.—*Nashville Jour. of Med. and Surg.*, Feb. 1860.

On the Difficulty of Diagnosis between Pregnancy and Tumors of the Abdomen. By ROBT. C. CROFT, Esq., L. R. C. P., Edin., etc.—There are few cases likely to prove more embarrassing, especially to the young practitioner, than those in which he is called to determine the nature of abdominal enlargements. These depend upon so many causes, and are so often masked, that it is frequently impossible to give an opinion with safety. When such protuberances exist in the male, the diagnosis, as far as pregnancy is concerned, is perfectly clear, but in the female, whenever her abdomen begins to enlarge, and if she be at the child-bearing age, pregnancy is at once suspected as the cause. There are two classes of women who come under our care who frequently baffle the medical man in his examination. These are unmarried women, who have hence no legal right to become mothers; and those who, being married, are eagerly desirous of becoming mothers. The first class will strongly deny symptoms that may exist, and place every obstacle in the way of the obstetrician; the second, by her hope of being pregnant, will be induced to describe imaginary symptoms. To illustrate these remarks he gives the following case :—

Mrs. —, aged forty-two, married nineteen years. No children or miscarriages; in bad health; has had fistulae in ano. Six years ago was struck in the right lumbar region by the pole of an omnibus, from which she has suffered more or less ever since. Two years ago, injured again in the right groin. When requested to see her she believed herself *enceinte*, and was suffering from distressing sickness. Felt, six months previous to the visit of her physician, a peculiar sensation in the region of the uterus. The catamenia appeared regularly till two months ago, when they ceased entirely; the breasts were full and painful, and there was a tumor in the lower part of the abdomen.

The next visit she was in bed: her countenance pale and anxious, breasts full and tense, tender to the touch, containing milk, which could be extracted; nipples large and sore; areolæ raised and darkened; abdomen tense and tympanitic, and just above the symphysis pubis was felt a hard substance, the size of an orange, in the pelvis, and well defined, nearly in the middle line of the abdomen, and inclined to the *left* side; no discharge from the vagina. By a stethoscopic examination a peculiar whirring sound was heard, like the placental murmur, to the *right* of the middle line above the pubis. From this time for three weeks no pain save in the breasts and nipples; the sickness constant; the only relief obtained was from ice. After a time the sickness abated, and food could be taken.

At her next menstrual period she suffered, for three days, violent uterine pains; no discharge, the tumor seemed to have increased in size, and to be higher in the abdomen.

She was seen by other practitioners, who seemed equally doubtful as to the existence of pregnancy. But slight changes were observed for some five weeks. Kiesteine, on every examination of the urine, was detected. Now a symptom arose; profuse spontaneous salivation came on. An examination, per vaginam, showed the cervix uteri shortened, the os opened, the lips puffy and swollen; on pressing upward with the finger, behind the symphysis, a hard substance was felt, very much resembling the head of a child at a late period of gestation. Dr. Robert Lee and Mr. Havers saw her, and while admitting the presence of most of the symptoms of pregnancy, yet declined to give a decided opinion. The only certain sign, the pulsation of the foetal heart, could not be detected.

December 17th.—The condition of the patient pretty much as before; the tumor appearing to occupy the whole of the upper portion of the right half of the abdomen as high as the ribs, and extending deeply into the lumbar region. On pressure, a substance, like the gravid womb, was felt, and *in it* a distinct movement as of a foetus. With the stethoscope, the peculiar sound was heard as before, with a cooing as of a dove. Upon shifting the instrument a little higher up, the foetal heart was heard distinctly. Being now certain of the existence of pregnancy, the tumor was attacked, by directing the nurse to rub it gently, night and morning, for a quarter of an hour, with liniment of iodide of potassium. By the first of the succeeding March, the patient was vomiting freely; the abdomen large, tense, dull on percussion; the umbilicus prominent; the ensiform cartilage pressed out; the abdomen measuring forty-two inches round. When a contraction of the uterus occurred, the tumor was very apparent.

May 10th.—After a severe labor, delivery took place. The placenta having been removed, a large firm mass was felt, seeming to occupy nearly the whole of the abdomen, and extending crosswise from the left ilium to the ribs on the opposite side. By firm pressure, the greater portion of the tumor sunk into the pelvis, leaving a large, round, hard ball loose in the abdomen. It was evident that the womb had been distended by the effusion into it of a quantity of blood. From this time all went well, the tumor remaining about the size of a large cricket ball, seemingly attached by a very small pedicle.—*Lancet*, January 28, 1860.

Practical Remarks on Foetal Auscultation. By R. DREITT, L. R. C. P., London.—The readers of the *Medical Times* have been startled by the announcement, on the part of one of the most learned physicians in the world, that the foetal heart cannot be heard before birth ; that if certain sounds be heard, said to be those of the foetal heart, there is no certainty attainable that they are what they are supposed to be ; and that the commonly described sounds are illusions, and exist only in the minds of the listeners. First of all, as to the facts asserted, and the reasonableness of them. To many physicians it is absolutely certain, that at most times, in women pregnant of a live child, especially after the fifth month, there can be heard, over some part of the enlarged uterus, a small and distinct, but often remarkably distinct heart-beat, varying from 140 to 180 in the minute. By a heart-beat is meant a double beat, of one louder and more pronounced, and another shorter, immediately succeeding, and less pronounced.

It is said to be incredible that the sounds of the foetal heart can reach the ear through so great a mass, consisting of uterine tissues, vessels, and the limbs of the child. But the thickness of the uterus and abdominal walls is not great, and not to be compared in sound-deadening qualities to a common pillow. But who doubts that the ticking of a watch can be heard under a pillow ? The writer has heard his own watch through the thickness of sixteen folds of blanket. There is, also, no real difficulty concerning the counting of so large a number of pulsations as 180 in a minute. The breathing of dying children may be distinguished at 180 ; the pulse at 240. The ticks of a lever watch are five to a second, and may most easily be counted at 240 per minute. When the piano is played rapidly, the ear can readily recognize 720 sounds in a minute.

There is no doubt that a woman may be pregnant of a living child, and yet that at times the foetal heart-sounds not be discovered even by one accustomed to the search. Hence, the absence of the sounds can never be taken as a proof that the foetus is dead, or that pregnancy does not exist.

Again, sounds may be feebly heard, so that the observer cannot say that they are not heart-sounds ; or other sounds may be mistaken for those of the foetal heart. If the sounds are not confined to a small circle, or are synchronous with those of the maternal heart, they should not be suspected to be foetal.

Of all the signs which distinguish the enlarged uterus from other tumors, none are more valuable than the following : the uterus, like other hollow viscera, has a regular peristaltic motion, continuous throughout pregnancy, (and after delivery,)

and consisting in periodic contractions, which cause a moderate but decided tension of the organ, and are followed by flaccidity and repose. No other tumor, not tympanitic, can do this; and, during the fits of contraction, the shape, dimensions, and outline of the organ are unmistakable. When about to auscultate, gently shampoo or roll the abdominal parietes over the womb, till it becomes hard and resisting. This is the moment for auscultation. Put the stethoscope on the womb, and perpendicular to its surface. Search carefully on the horizontal line on a level with the anterior-superior spine of the ilium; beginning on the left side, then a little above and below; if unsuccessful, go to the right side. Take care that the attitude is easy, and produces no rushing sound in the ears.—*Medical Times and Gazette*, January 21, 1860.

The Mental Peculiarities and Disorders of Childhood. By CHARLES WEST, M. D., etc. No one can have watched the sick-bed of a child without being struck by the almost unvarying patience with which its illness is borne, and the extremity of the peril from which, apparently in consequence of that patience, a complete recovery takes place.

No sorrow, gloomy foreboding, remorse, disappointment, nor anxiety, depresses the spirits and weakens the vital powers. Death, in general, brings no alarm. To keep the child happy, remove all causes of alarm, suffering, and discomfort; modify the treatment so as to escape a struggle with waywardness, and if death appears imminent, look at it from a child's point of view; all these are duties of the utmost importance both for physician and parents.

The mind of the child is feebler than that of an adult, but is proportionally active, and vivid in its imaginations. The child who dreads solitude, and asserts that it hears sounds or sees objects, often tells a literal truth. The sounds have been heard; in the stillness of the nursery, the little one has listened to what seemed to be a voice calling it; or, in the dark, phantoms have risen before its eyes, and the agony of terror betrays an impression far too real to be explained away, or to be unsuitably met by hard words or unkind treatment.

Disorder of the cerebral functions greatly exaggerates these impressions. Hence, the circumstances surrounding a child, whether in health or disease, are of vast importance, and should never be lost sight of in the treatment.

The passions, too, of a child, are exaggerated as a general rule. Reason as yet does not govern its caprices. There is

also an intense craving for sympathy, which sometimes becomes quite uncontrollable, and requires as much care and judicious management as in the case of an adult monomaniac. As in diseases of the body, so in affections of the mind in early life, the power of repair causes a constant hope, which is not to be indulged in the cases of adults. Dullness, apathy, and cerebral disturbance, have, therefore, not so grave an import as at a more advanced age. The whole of the intellectual energy is expended on the child's commerce with the world; his relations to it are disturbed, hence, the want of interest, the slowness to resume the lively prattle after sickness should not be viewed with too much apprehension. The memory of a child is feeble, and when recovery takes place, it has to learn again its old lessons, and with weakened faculties. This process will extend over a longer time in proportion as it was younger at the time of the illness.

One thing should be remembered, in protracted illness, even when unaccompanied with disorder of the brain—the sense of hearing may be impaired, and this may be one cause of the child's dullness. The arrest of development, or the positive retrocession of the mental faculties, is of far less import than any perversion of the moral powers. The child who, in spite of dullness, manifests the ordinary childish feelings, may be much improved by judicious training. We must also, in forming an estimate of these capabilities, consider the accompaniments of the sickness. Convulsions or serious cerebral disturbance will correspondingly impair more profoundly the intellectual powers, and retard the recovery. It must be remembered that a very large number of children whose progress has been arrested at a very early age are allowed to grow up without any culture, and much of their dullness may be due to neglect. Apart from congenital instances, where mind and body are alike arrested in development, or are alike feeble and deformed, the state of the moral powers are more important as a guide to the prognosis than the condition of the intellectual. Want of affection, mischief, spite, causeless rage, are less hopeful than intellectual dullness, and the first step should be the establishment of moral control. It should be borne in mind that the heart may break or reason fail under causes seemingly insufficient, and the griefs of childhood may be as overwhelming as those of the strong man. The intellectual powers should never be overtaxed. Thus may be laid the foundation of hydrocephalus, or the tubercular cachexia, the destruction of the nervous system or serious injury to the moral character.

Occasionally, children exaggerate their ailments, or feign

those which have no existence, and they will put up with scanty fare and painful treatment as long as they can engross attention, and be the centre around which the household turns.

—*Med. Times and Gazette*, Feb. 11, 1860.

On the Employment of Iodide of Potassium in Diseases of the Brain in Children. By JOHN COLDSTREAM, M. D., F. R. C. P., Edin.—It is now upwards of twenty years since iodide of potassium was commended by Röser and others, as a remedy of special power in hydrocephalus. It is surprising how few seem to recognize its value, and what slight references are made to its employment in the various works on the diseases of children. In all cases when, from the course of the symptoms, there is reason to believe that the central organs of the nervous system, or their envelopes, are in any degree affected with strumous inflammation, (tubercular cerebritis, or meningitis,) or its consequences, after moderate purgation, the writer is in the habit of employing the iodide of potassium in doses of from half a grain to three grains, every three or four hours, in some carminative water, and continuing it for many days, according to the symptoms, or until convalescence is fully established; and with the occasional use of blisters to the shaven scalp, he believes he has produced more prompt and decided effect upon the disease than by any other treatment. When the opportunity has been afforded of commencing the use of this remedy early, it has appeared to arrest the progress of the disease rapidly, so that the effects of effusion, indicated by squinting and convulsions, have not supervened. In less favorable circumstances, where considerable prostration has succeeded great febrile action, where starting and squinting had become prominent symptoms, in not a few instances, the free use of the iodide of potassium has been followed by amendment and complete recovery. In such cases it should be given in larger doses, even to four grains several times a day, to children of from four to eight years of age.

The medicine is very seldom refused by the patient, nor does it increase the nausea so frequently existing in the earlier stages of the disease; nor has it induced salivation, which seems sometimes to follow its use in other ailments. Although it is more especially useful where there exists more or less of the scrofulous diathesis, yet it has been found of service in cases where no taint was present.

The writer is not prepared to assert that this agent is more useful than calomel in *all* cases of inflammation of the brain

and its appendages. When we have to treat robust and full-blooded children, in whom there is reason to believe that the threatened disease of the nervous system stands more or less directly connected with preceding disorder of the digestive organs, there is no doubt of the superior efficacy of the mercurial treatment, combined with antimonials and salines; but when, after having duly administered these remedies, symptoms of cerebral disorder continue, the iodide should then be employed. The writer, in concluding, is satisfied that the iodide of potassium never produces any bad effects, though it may fail to do good.—*Edinburgh Med. Jour.*, Dec., 1859.

[In the absence of the Editor, and the consequent scarcity of Editorial for this number, we introduce the following interesting paper, read by J. N. GRAHAM, M. D., before the Chicago Academy of Medicine.—W. H. B.]

QUININE.—ITS REMEDIAL POWERS.

In presenting a few thoughts on the above agent, I am aware that I shall differ with many Fellows of the Academy who have expressed their views on this subject, and with some learned papers that have been read before us.

Much of the difference of opinion that exists between medical men, on subjects relating to our profession, arises from a misunderstanding of each other's views, or from viewing the same subject from limited or different stand-points.

The army surgeon, in the swamps of Florida, will give quinine with impunity, in 40 to 50 grain doses, without regard to the stage of fever or inflammation—while in the hospitals of Boston, the physician would look with horror upon a five grain dose, and dole out with the greatest precision, as to time, stage, etc., his grain and a half to two grain doses. (This has held good there, if not now.)

Now, to a certain extent, both are correct. The large doses necessary to arrest an intermittent in the malarious districts of the South, are not required in the more northern latitudes,

where malaria is scarcely known. So in its mode of action upon the physical system—the views of writers are almost as varied as their manner of administration. Dr. Sam'l. Gordon, of Dublin, Ireland, in writing on its pathological effects, quotes Headland to say, "the action of quinia is exerted primarily in the blood and not on the nerves." "Tiedeman and Gmelin found it long ago in the blood of a patient to whom it was administered." Dr. Cochran, in a number of the *Charleston Medical Journal*, in pointing out in what its action consists, says, "In women, under its influence, if they were menstruating, they complained of increase. In some cases it hastened the flow, if given just before the period; it provoked their return when suddenly suppressed by cold, etc." He says also, that "if administered in large doses, and frequently repeated, it defibrinates the blood, rendering it fluid and incoagulable." M. Biquet, of Paris, says "that it does not act on the general state of the organs, or on the blood, but has its special action on the *nervous* system. Dr. H. Bence Jones, F. R. S., says, "Quinine cures neuralgia as it cures ague, by subduing the action of the nerves, not by any *tonic* action." Speaking of its use in typhoid fever, he says, "It is most useful when there is excitement, agitation, excited eye and manner, and delirium." In a learned paper read before the Academy, by our Fellow, Dr. Hamill, it was argued that under the influence of quinine, in malarious fevers, less of urea was excreted by the kidneys, while the waste of the tissue went on, and thus the blood becoming impregnated with urea, there was the greater tendency to delirium—poison, and death. To this it was answered by Prof. Byford, that he believed on the contrary, from his own experience, that quinine, by arresting the disease, *prevented* the waste of tissue and blood derangement, and thus *lessened* the chances for comatism or poison by urea. My own experience would certainly corroborate this view, and it seems to me, that if quinine will cure intermittent, if, as has been abundantly shown, it may be given in grave cases without respect to the stage of fever or congestion, whatever its mode of action, in eliminating the position, it thus cuts short the disease, not by the substitution of "waste of tissue," or

blood poison by urea. That such results may and do sometimes follow the use of quinine, is evident, but, from my own experience, I cannot say that I ever saw the slightest reason for attributing them to quinine as the cause. Rather, may we not say, the primary causes at work in *originating* the disease, have, despite of what may have been done, produced the changes in the blood, etc.?

Quinine, in its effects upon the human system, occupies a position that scarcely any other medicinal agent is known to possess. I regard it a *tonic*, a stimulant, a sedative, an anti-periodic, an antispasmodic—a diaphoretic.

"A tonic," says Dr. Eston, Prof. of Mat. Med. in the University of Glasgow, "is a medicine which commencing its action on the stomach itself, very likely by stimulating its nerves and muscular fibres, improves the appetite, strengthens digestion, and feeds assimilation, helps consequently to make good blood, which in turn adds vigor to the circulation, which produces secretion."

In small repeated doses, quinine acts as a *tonic*. In larger, its tonic effect is quickly followed by its stimulating properties, but in grave periodical cases, there exists the most abundant proof that its *sedative* effect is the one which tells most certainly in arresting the disease; to do this it must be given in large repeated doses. This, I have often proven in the treatment of the graver forms of malarious fever in the West and South.

We know, Tartar Emetic in large doses is a powerful remedy against *periodicity*, by its sedative effects; so quinine, without the irritating and prostrating effects of the antimony, seems to hold in subjection the nervous excitement, and by its power over the nerve centres, arrest the paroxysm.

Dr. Holmes, of the U. S. A. Medical Staff in Florida, in writing on the use of large doses of quinine, says, "Quinine as a remedy for periodicity is to be given regardless of any existing state of inflammation."

He recommends never giving it in repeated doses, when directed for the cure of a periodical disease. He says, "In *emergent* cases it may be given in the lowest state of prostration, or the highest grade of fever."

He says further, "No better diaphoretic than this (quinine) in many stages of the system. When congestion comes on the brain in intermittent and all its collaterals, I have given 40 to 50 grains; have seen its effects on the brain aggravating for the time every symptom, or occasionally but slightly affecting the disease for some hours, then as the sedative effects came on, I have beheld the patient drop into a composed sleep."

In less malarious districts than those referred to by Dr. Holmes, I have often given the quinine in ten to fifteen grain doses, irrespective of fever, delirium, or stupor, and with the happiest effects, the patient sinking from the wildest delirium into profuse perspiration and quiet slumber.

In the more severe forms of intermittent, where the life of the patient seems to hang upon the fact whether he shall have a second or third paroxysm, we have no time to wait for the remission of the fever, or the subsidence of the brain symptoms—the tonic or antiperiodic must be given or the patient dies.

The phenomena attending intermittent fever, leads to the conclusion that the paroxysms are produced by an influence acting through the cerebral centres. Quinine seems to have an affinity (so to speak) for, and exerts a wonderful power in controlling or modifying the action of the nervous system. Does it pre-occupy these cerebral centres, and by a power peculiarly its own, expel the morbid influence, and thus cut short—cure the disease?

In chorea, in functional epilepsy, hysteria and spasmodic asthma, diseases peculiarly of a nervous character, its curative properties have been often signally manifest.

By some, it is contended that it acts as a mere *antiperiodic*. "It is very probable," says Tazwell, of Tennessee, "that it might be profitably employed even where periodicity could not be traced, as according to Prof. Drake, it is a sedative and antispasmodic narcotic." If, as in the definition already given, a tonic is a medicine which improves the appetite, strengthens digestion, and favors assimilation; helps to make good blood, etc., I see not why Dr. Tazwell's views are not correct. Quinine is undeniably a tonic.

I have long been in the habit of giving quinine in small doses, with the object of regulating the appetite, strengthening the system, etc. in cases of slow convalescence from fever, or of general debility from other causes. In some form or other, the quinine enters largely into all my tonic preparations in such cases. The seeming paradox, that the same agent should produce so many different results, and be used under apparently so dissimilar circumstances, must not be argued against the fact that these results are produced. But why not give it during the fever, stupor, or delirium of intermittent? Are not these the very results of the originating cause, be it miasm or what not, poisoning the blood, and thus rendering it powerless to nourish the brain, the very results, which by removing the cause, or rendering it powerless to produce them, the quinine is intended to correct?

Did the cases present, as instanced in the preceding, I would alike give it in the height of the fever, the wildness of the delirium, or the depths of the stupor, assured of its good effects.

I have never seen quinine cut short typhoid fever, though I have given it in such cases in large doses, and for a purpose; nor have I seen any evil effects from its use in such cases.

The following propositions I think are evident :

1st. Quinine seems to act by the circulation through the cerebral centres, upon the general nervous system.

2d. It is a tonic.

3d. A Stimulant.

4th. An Antiperiodic.

5th. A Diaphoretic.

6th. An Antispasmodic.

7th. A Narcotic.

8th. These results are produced or modified by *quantity, time, latitude, disease, condition.*

EDITORIAL.

From the importance of the subject, and the entire, or at least great inefficiency of the remedies generally used in consumption, much interest has been, and still continues to be felt as to the real value of the hypophosphites in its treatment. Letters and inquiries are constantly addressed to us with respect to the efficacy of the Churchill remedies, as they may very properly be called in the cure of consumption.

The experience of Dr. Richard Quain, in the Brompton Hospital, so entirely accords with our own, that we cannot do better than give a summary of his conclusions as published in the *London Lancet*, for June, 1860. We may be allowed to observe in advance, however, that the great reluctance complained of by inventors, discoverers, and theorists, on the part of the profession to adopt their views, and a determination to sift their assertions in a thorough manner will be fostered by the general results arrived at in the investigations of these highly, we cannot say praised, but vaunted remedies. It is *rue* in this case the profession had but little to loose in the experiments requisite to arrive at the truth; they would not be required to lay aside reliable remedies, while they were anxiously awaiting the effects of the new, so that there is not much sacrifice made, and I am very sorry that I cannot say there has been no disappointment felt; for from the great assurance with which the claims of the phosphites were put forth, much credence and hope were aroused.

But to the experience of Dr. Quain. He very fairly submitted twenty-two cases of consumption to the hypophosphite course of treatment; two were in the first stage, ten in the second, and ten in the third stage. Of these, six were improved. Of the six, three only to a very slight degree, and only for a short time; in three, improvement was marked, but in one only of the latter has the improvement been permanent; the other two patients both died, notwithstanding the fact that they took them several (over three) months.

Dr. Quain caused abstracts of 22 cases of consumption, treat-

ed in the same hospital, by other methods dictated by principles instead of empiricism. Three were in the first stage, five in the second, and fourteen in the third. Sixteen of these were more or less benefitted. He also observed that six of the cases which have been under the hypophosphite treatment without the least benefit, were improved by the other treatment. Dr. Quain remarks in conclusion, that "a review of the preceding facts has led me to form a most unfavorable opinion of the value of hypophosphites in the treatment of phthisis. I believe them to be comparatively, if not absolutely useless. I have been induced to take some little pains in investigating the subject, because of the unhesitating confidence with which their value is asserted and their use recommended in certain quarters; and I have also seen in the cases of some patients who have visited Paris, how much time has been thrown away by substituting the use of these salts for remedies of undoubted efficacy in controlling the progress of phthisis."

TENTH ANNUAL MEETING OF THE ILLINOIS STATE
MEDICAL SOCIETY.

The proceedings of the recent Annual Meeting of this Society will be found in this number of the *Examiner*. About fifty physicians were present from different parts of the State, and the two days spent together were devoted diligently to the transaction of the proper business of the Society. Every thing was done pleasantly and in order. We were gratified to find that a much larger number of the Committees were ready to report than for several years past.

If all the reports and papers are published in full, it will make a larger volume of Transactions than any of preceding years. We fear, however, that the Committees of the Society do not yet fully appreciate the nature of the duties they ought to perform. They have very generally adopted the practice of obtaining as many contributions as they can from members of the profession, and then putting them together for a report. Now the object of appointing a Standing Committee on Practical Medicine, Surgery, or Obstetrics, is not to gather up

detailed cases of various kinds from different practitioners, and stitch them together in the form of a report, but simply to report, from year to year, such *improvements* as may have been made in the several departments, and the peculiarities that may have been observed in the rise, progress, and causation of epidemic diseases. To do this, they should correspond by circular, or otherwise, with the profession, and gather all the facts they can. But when obtained, they should be carefully sifted, and condensed into one compact report, giving every physician credit, of course, for the facts he furnishes of value.

Such a method would greatly enhance the value, while it would materially lessen the bulk of the reports.

Again, the object of appointing *Special Committees* to investigate particular subjects, is not for the purpose of eliciting essays on the general importance of the topics assigned to them, but to incite to, and develope the results of, special investigations that are likely to add to the actual stock of knowledge on the subject treated of. A report on the general importance of diseases of the eye, or of public hygiene, or of diseases of the chest, may be correct in sentiment and written in excellent style, and yet not contain a single new fact, or new application of old facts. We think when a member of the Society accepts an appointment as special committee on any given subject, he is expected, either by observation, experiment or statistics, or all of these combined, to make some actual addition to the knowledge previously possessed by the profession on that subject. These remarks are not designed to find fault with any of the reports of the recent meeting, any more than those of past years; for so far as we could judge from those read, we think them fully equal in merit to those presented at former meetings. But we would like to see a more active spirit of criticism and original inquiry infused into the reports and doings of our State Society. The physicians and citizens of Paris are entitled to much credit for the judicious arrangements and their unlimited hospitality.

APOLOGY.

The space occupied by the record of proceedings of the Illinois State Medical Society, and the temporary absence of the Senior Editor, have prevented the insertion of the usual amount of "Clinical Reports," in the present number. These reports will be resumed, however, in our next issue.

☞ We learn from a private source that all the Professors of the Ohio Medical College have resigned their places, and a new organization will take place. We hope the Trustees no worse luck than that they may find as efficient and worthy a faculty as the one just resigned.

Another New Medical School.—We learn from a private letter from our friend Dr. C. A. Logan, of Leavenworth City, that a medical school has been announced there, with the following name : "Medical Department of the Baker University." The faculty is composed of the following gentlemen :—Descriptive and Surgical Anatomy, J. F. Smith, M. D. ; Theory and Practice of Medicine,—; Principles and Practice of Surgery, M. S. Thomas, M. D. ; Materia Medica and Therapeutics, H. Griffin, M. D. ; Chemistry and Toxicology, T. Sinks, M. D. ; Institutes of Medicine, W. Booth Smith, M. D. ; Medical Jurisprudence and Sanitary Science, G. W. Hogeboom, M. D. ; Clinical and Operative Surgery, I. L. Weaver, M. D. ; Clinical Medicine, C. J. Lee, M. D. Dr. Logan is the Dean of the Faculty.

Upwards of three hundred persons die annually in the *streets* of London, from disease, in addition to deaths from accidents, murders, etc.

☞ M. Becquerel, of La Pitie, Paris, has tried the hypophosphites in one hundred cases of phthisis, and declared the remedy useless.

GALE BROTHERS,
PHARMACEUTISTS,
Dealers in
**SELECT DRUGS, RARE CHEMICALS, FRENCH
ARTIFICIAL EYES, TRUSSES, SUPPORTERS,
BRACES, ELASTIC STOCKINGS,**
And almost every Article pertaining to the Trade.

AGENTS FOR B. KEITH & Co.'s CONCENTRATED ORGANIC MEDICINES, AND C. PATUREL & Co.'s SWEDISH LEECHES.

Prompt and Particular attention paid to Physician's Orders.

202 Randolph Street, Chicago.

THE CHICAGO
MEDICAL EXAMINER.

EDITED BY

N. S. DAVIS, M. D., AND E. A. STEELE, M. D.

PUBLISHED BY WM. CRAVENS & CO.

132 LAKE-ST., CHICAGO.

The EXAMINER will be issued during the first week of each month, commencing with January, 1860. Each number will contain 64 pages of reading matter, the greater part of which will be filled with such contents as will directly aid the practitioner in the daily practical duties of his profession.

To secure this object fully, we shall give, in each number, in addition to ordinary original articles, and selections on practical subjects, a faithful report of many of the more interesting cases presented at the Hospitals and College Cliniques. While aiming, however, to make the EXAMINER eminently practical, we shall not neglect either the scientific, social, or educational interests of the profession. It will not be the special organ of any one institution, society or clique. But its columns will be open for well written articles from any respectable member of the profession, on all topics legitimately within the domain of medical literature, science, and education.

Terms, \$2.00 per annum, invariably in advance.